

# F95000001919

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

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-04/19/95--01073--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: CUSTOM AIR PARTS, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LYNDA WELLMAN  
(Name of Person)  
CUSTOM AIR PARTS  
(Firm/Company)  
13091 NW 43<sup>rd</sup> AVE, UNIT 9  
(Address)  
OPA-LOUKA, FL 33084  
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

LYNDA WELLMAN at (305) 681-8840  
(Name of Person) Area Code & Daytime Telephone Number

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**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. CUSTOM AIR PARTS, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEVADA  
(State or country under the law of which it is incorporated)
3. 88-0334643  
(FEI number, if applicable)
4. MARCH 13, 1995  
(Date of Incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. Pending your authorization to transact business in the state of Florida  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 13091 N.W. 43<sup>rd</sup> AVE STE 9  
OPA-LOCKA FL 33054  
(Current mailing address)
8. purchase and sale of aircraft parts, purchase and sale of aircraft  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: TRACIE KOLHOFF  
Office Address: 13091 NW 43 AVE # 9  
OPA LOCKA, Florida, 33054  
(Zip Code)

**10. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

T. L. Kolhoff

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: RICHARD R. WELLMAN  
Address: 7540 LOCHNESS DR  
MIAMI LAKES, FL 33014

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: LYNDA WELLMAN  
Address: 7540 LOCHNESS DR  
MIAMI LAKES, FL 33014

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

President: RICHARD R WELLMAN  
Address: 7540 LOCHNESS DR  
MIAMI LAKES, FL 33014

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: LYNDA WELLMAN  
Address: 7540 LOCHNESS DR  
MIAMI LAKES, FL 33014

Treasurer: LYNDA WELLMAN  
Address: 7540 LOCHNESS DR  
MIAMI LAKES, FL 33014

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Lynnda Wellman*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LYNDA WELLMAN SEC.  
(Typed or printed name and capacity of person signing application)

# SECRETARY OF STATE



## CERTIFICATE OF CORPORATE EXISTENCE (EXCLUDING AMENDMENTS)

I, DEAN HELLER, the duly elected, qualified and acting Secretary of State of the State of Nevada, do hereby certify that I am, by the laws of said State, the custodian of the records relating to corporations organized under the laws thereof; the revocation of their corporate charters, and their right to transact and carry on their corporate business; and am the proper officer to execute this certificate.

I further certify that, **CUSTOM AIR PARTS, INC.** at the date of this certificate, is a corporation duly organized and existing under and by virtue of the laws of the State of Nevada, having fully complied therewith; is entitled to exercise therein all the corporate powers and functions recited in its charter or articles of incorporation, and is in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, this 11TH day of APRIL, 1995.



*Dean Heller*

Secretary of State

By

*Boh McChiffa*  
Certification Clerk

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