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ACCOUNT NO. : 072100000032

REFERENCE : 558006 4366066

AUTHORIZATION : Patricia Pizito

COST LIMIT : \$ 125.00

ORDER DATE : December 28, 2001

ORDER TIME : 2:02 PM

ORDER NO. : 558006-010

CUSTOMER NO: 4366066

4000004749444-4

CUSTOMER: Ms. Sheridan West
Spolin, Silverman, Cohen &
Suite 2000 North
1620 26th Street
Santa Monica, CA 90404

FOREIGN FILINGS

NAME: DECRANE CABIN INTERIORS, LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 1133

EXAMINER: VB
1-302

RECEIVED
02 JAN -3 PM 2:22
DEPARTMENT OF STATE
OFFICE OF COMMERCE
TALLAHASSEE, FLORIDA

02 JAN -3 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DeCrane Cabin Interiors, LLC
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. January 2, 2002
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 2361 Rosecrans Avenue, Suite 180, El Segundo, CA 90292
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

R. Jack DeCrane, 2361 Rosecrans Avenue, Suite 180, El Segundo, CA 90292

Richard J. Kaplan, 2361 Rosecrans Avenue, Suite 180, El Segundo, CA 90292

Jeffrey A. Nerland, 2361 Rosecrans Avenue, Suite 180, El Segundo, CA 90292

Stephen A. Silverman, 1620 26th Street, Suite 2000 North, Santa Monica, CA 90404

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Any lawful business
including the manufacture of aircraft parts

Stephen A. Silverman
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stephen A. Silverman, Authorized Representative
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

DeCrane Cabin Interiors, LLC


2. The name and the Florida street address of the registered agent and office are:

<u>Corporation Service Company</u>		
(Name)		
<u>1201 Hays Street</u>		
Florida street address (P.O. Box NOT ACCEPTABLE)		
<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
(City/State/Zip)		

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TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

PAGE 1

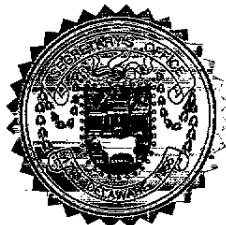
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DECRANE CABIN INTERIORS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JANUARY, A.D. 2002.

APPROVED
AND
FILED

02 JAN -3 PM 3:57

SECRETARY OF STATE
WILMINGHAM, DELAWARE



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3475679 8300

AUTHENTICATION: 1535800

020001283

DATE: 01-02-02