

MO2 0000003181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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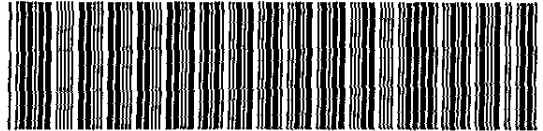
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MO2-3181  
OK

DAN W. ARMSTRONG, P.A.

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WWW.DANARMSTRONG.COM

November 22, 2002

**VIA US MAIL**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Transmittal Letter  
Countermeasures USA, LLC, Matter #111802  
Application by Foreign LLC for Authorization  
to Transact Business in Florida**

Dear Sir or Madam:

This letter will serve as our Transmittal Letter for the above mentioned filing. If you have any questions please contact our office using the enclosed contact information.

Sincerely,

  
Michael A. Karambatos, J.D.  
Law Clerk

Enclosures (4):  
Application to transact business  
Original certificate of existence (Delaware)  
Certificate for registered agent designation  
Check - \$125.00

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TALLAHASSEE, FLORIDA

02 DEC -2 PM 9:55

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

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

1. COUNTERMEASURES USA, LLC  
(Name of foreign limited liability company)  
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)  
3. 42-1560346  
(FEI number, if applicable)  
4. November 18, 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. 4545 Kincardine Drive, Jacksonville, FL 32257  
(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:

Robert J. Howells, 4545 Kincardine Drive, Jacksonville, FL 32257

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

Howells  
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.)  
Robert J. Howells

Typed or printed name of signer

DECEMBER 2 1991  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:

COUNTERMEASURES USA, LLC

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

Robert J. Howells

---

(Name)

4545 Kincardine Drive

---

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Jacksonville, FL 32257

---

(City/State/Zip)

*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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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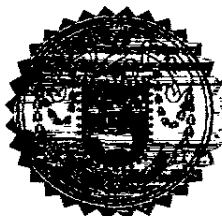
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# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COUNTERMEASURES USA, 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 TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2002.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3592372 8300

AUTHENTICATION: 2109935

020722654

DATE: 11-25-02