# M0800000201

(Requestor's Name)				
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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Cassial Instructions to Filips Officer				
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE

N. Outliges JAN 1 4 2008

#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: TRANSCOMP LLC (Name of Limit	ted Liability Company)			
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited			
Please return all correspondence concerning this ma	atter to the following:			
DAN CRISS				
(Nai	ne of Person)			
TRANSCOMP LLC				
(Fire	n/Company)			
5695 BOB WHITE TRAIL				
	Address)			
MIMS/FLORIDA 32754				
	te and Zip Code)			
For further information concerning this matter, please call:				
DAN CRISS	_at (321 ) 2641959			
(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\sum{125.00 Filing Fee} \sum{130.00 Filing Fee & Certificate of \$\frac{1}{2}\$.	\$155.00 Filing Fee & \$\Bigcup\$\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy			
1909 FOR ANIE COM				



January 8, 2008

DAN CRISS 5695 BOB WHITE TRAIL MIMS, FL 32754

SUBJECT: TRANSCOMP LLC Ref. Number: W08000001032

We have received your document for TRANSCOMP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

You must complete the Certificate of Designation of Registered Agent.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 708A00001515

### 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:

TRANSCOMP LLC	
(Name of Foreign Limited Liability Company; m	rust include "Limited Liability Company." "L.L.C.," or "LLC.")
DRC AIRCRAFT	SALES LLC
(If name unavailable, enter alternate name adopted for the consent of the managers or managing members adopting Company," "L.L.C.," "LLC,")	he purpose of transacting husiness in Florida and attach a copy of the written the alternate name. The alternate name must include "Limited Liability
<sub>2.</sub> STATE OF DELAWARE	<sub>3.</sub> 26-1646718
(Jurisdiction under the law of which foreign limited li company is organized)	ability (FEI number, if applicable)
4. 12-27-2007	5 PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will ccase to exist or "perpetual")
6. N/A	TAS 08
(Date first transacted busine	ess in Florida, if prior to registration.) .502 F.S. to determine penalty liability)
7. 16192 COASTAL HWY	TAN TE
LEWES, DELAWARE 19958	AH AH
(Street	Address of Principal Office)
8. If limited liability company is a manager-m	
9. The name and usual business addresses of t	he managing members or managers are as follows:
HARVARD BUSINESS SERVICE	CES, INC
TRANCOMP LLC CD CRISS	
16192 COASTAL HWY LEWES	S, DELAWARE 19958
	than 90 days old, duly authenticated by the official having custody of records in photocopy is not acceptable. If the certificate is in a foreign language, a stibe submitted.)
11. Nature of business or purposes to be condi-	ucted or promoted in Florida:
AIRCRAFT SALES	•
Alpen VI	106
	or an authorized representative of a member.
	.408(3), F.S., the execution of this document constitutes es of perjury that the facts stated herein are true.)
DANIEL R CRISS	
Typed or	printed name of signee

### 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.

~~~	the Limited Liability Company is:			
If name unavaila	ble, the alternate name to be used in $A/B C G A F T = SR$			
	d the Florida street address of the re			
	CHRISTO FUNER	ne)	CRISS	SECRET SECRET
	5695 Borida Street Address (P.O.	HITTE	1/6.6	SEA E
	/1/1/1/5 City/	FL 'State/Zip	32754	STATE STATE LORIDA

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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of /KA/15CO/A (Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company. L.L.C., or L.L.C.)  Date: 14.00
Date: / /4-05
Signature(s) of Manager(s) and/or Managing Member(s):

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSCOMP 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. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANSCOMP LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2007.



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AUTHENTICATION: 6276627

DATE: 01-02-08