# M13000001147

| (Red                                    | questor's Name)   |             |  |  |  |
|---|-------------------|-------------|--|--|--|
| (Address)                               |                   |             |  |  |  |
| (Add                                    | dress)            |             |  |  |  |
| (City                                   | y/State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |  |
| (Business Entity Name)                  |                   |             |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |  |
|   |                   |             |  |  |  |
|   |                   |             |  |  |  |
|   |                   |             |  |  |  |

Office Use Only



700253557057

NOV 1 3 2013

T CLINE

11/12/13--01042--022 \*\*160.00

CR2E027 (9/10)

#### **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

Safran North America, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

| Nicholas Pisan   | 0   |                      |
|--|---|----------------------|
| <del>-,, , , , , , , , , , , , , , , , , , ,</del>   |   |                      |
| Safran North A   | merica, LLC   |                      |
| <del>,</del>   | Firm/Company  |                      |
| 424 E Central E  | Blvd # 690  |                      |
|  | Address   |                      |
| Orlando, FL 32   | 2013<br>7213  |                      |
|  | City/State and Zip Code   |                      |
| npisano@safra  | SEGRETARY<br>SEGRETARY  |                      |
| E-mail address:  | <u> </u>  |                      |
| For further information concerning this matter, ple  | ase call:   | PH 12: 46            |
| Nicholas Pisano  | <sub>at (</sub> 505 ) 918-4747  | ्रिल क               |
| Name of Person   | Area Code & Daytime Telephone Number  |                      |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |                      |
| Enclosed is a check for the following amo  |   |                      |
| □ \$125.00 Filing Fee □ \$130.00 Fili  | ng Fee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Fili  | ing Fee, Certificate |

Certified Copy

of Status & Certified Copy

Certificate of Status

### 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 RUSINESS IN THE STATE OF FLORIDA:

| 1. Safran North America, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "  | 'LLC."              | ·)          |                          |
|---|---------------------|-------------|--------------------------|
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach consent of the managers or managing members adopting the alternate name. The alternate name must include "L  |                     |             |                          |
| Company," "L.L.C," "LLC.")  |                     |             |                          |
| 2. Delaware 3. 20-8431078   |                     |             | _                        |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)  |                     |             |                          |
| 4. February 2007 5. Perpetual   |                     |             |                          |
| (Date of Organization) (Duration: Year limited liability company exist or "perpetual")  | will ce             | ase to      | ,                        |
| 6. N/A  |                     |             |                          |
| (Date first transacted business in Florida, if prior to registration.)  |                     |             |                          |
| (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |                     |             |                          |
| 7. 424 E Central Blvd #690  |                     |             |                          |
| Orlando, FL 32801   |                     |             |                          |
| (Street Address of Principal Office)  |                     |             |                          |
| 8. If limited liability company is a manager-managed company, check here  |                     |             |                          |
| · ·   | 3<br>20<br>71       | 201         |                          |
| 9. The name and usual business addresses of the managing members or managers are as follows:  | ws:                 | AGN E197    |                          |
| Nicholas Pisano   | F 🔀                 |             | KARADZY P<br>Pro 1 HAZIN |
| 424 E Central Blvd #690   | 5<br>5              | 2           | 1                        |
| Out-1- El 20004   | <del></del>         | <u>2</u>    |                          |
| Orlando, FL 32801   | 515 <u>-</u><br>Jim |             |                          |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having   | r vag               | ody of re   | cords i                  |
| the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign and the partition of the partition | gn lang             | juage, a    |                          |
| translation of the certificate under oath of the translator must be submitted.)  1.1. Nature of business or purposes to be conducted or promoted in Florida: Software   |                     |             |                          |
| 11. Nature of business of purposes to be conducted of promoted in Florida.  |                     |             |                          |
| Publisher/Dealer/Reseller   |                     | <del></del> | .•                       |
|   |                     |             |                          |
| 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 un penalties of perjury that the facts stated herein are true. I am aware that any false information submit   |                     |             |                          |
| document to the Department of State constitutes a third degree felony as provided for in s.817.   |                     |             |                          |

Typed or printed name of signee

Nicholas Pisano

## 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:  Safran North America, LLC  If unavailable, the alternate to be used in the state of Florida is: |   |  |   |  |  |
|---|---|--|---|--|--|
|   |   |  |   |  |  |
|   | Nicholas Pisar  | no   | 2013 NOV  |  |  |
|   |   | (Namc)   | W 12  |  |  |
| 424 E Central Blvd #690   |   |  | 報金 電子 電子  |  |  |
|   | Florida Street  | Address (P.O. Box NOT ACCEPTABLE)  |   |  |  |
|   | Orlando   | <sub>FL</sub> 32801  | - Sim <b>o</b>  |  |  |
|   |   | City/State/Zip   |   |  |  |
| liability com<br>registered ag<br>statutes rela   | pany at the place designated in this content and agree to act in this content the proper and complete bligations of my position as re | and to accept service of process for the align this certificate, I hereby accept the appacity. I further agree to comply with a performance of my duties, and I am for a gistered agent as provided for in Chaptaginature) | pointment as<br>the provisions of all<br>amiliar with and |  |  |
|   | \$ 100.0<br>\$ 25.0   | 8 11   |   |  |  |

**Certified Copy (optional)** 

**Certificate of Status (optional)** 

\$ 30.00

5.00

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SAFRAN NORTH AMERICA, 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 FOURTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFRAN NORTH AMERICA, LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4297264 8300

131265569

AUTHENTYCATION: 0864216

DATE: 11-04-13

You may verify this certificate online at corp.delaware.gov/authver.shtml