

7/25/2014

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electron Filing Office

# M140005291

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NORTHWEST REGISTERED AGENT LLC  
Account Number : I20090000081  
Phone : (509) 768-2249  
Fax Number : (855) 330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: processing@llcagent.com

RECEIVED  
14 JUL 25 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
Atlas Aerospace Accessories LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

JUL 28 2014  
D. BRUCE

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Atlas Aerospace Accessories LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. DE 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

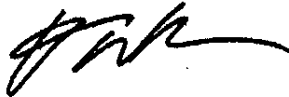
5. 7820 NW 56th St MIAMI FL 33166

6. 7820 NW 56th St MIAMI FL 33166  
(Street Address of Principal Office)

\_\_\_\_\_ (Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
AMBR David Baker 7820 NW 56th St MIAMI FL 33166

8. 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)

  
\_\_\_\_\_  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**DAN KEEN**

\_\_\_\_\_  
Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

**Atlas Aerospace Accessories LLC**

If unavailable, the alternate to be used in the state of Florida is:

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

**Northwest Registered Agent LLC**

(Name)

**3030 N. Rocky Point Dr., STE 150A**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tampa

FL

33607

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 605, Florida Statutes.*



Dan Keen - Manager

(Signature)

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

FILED  
 28 JUL 25 AM 10:35  
 HASTINGS COUNTY, FLORIDA  
 CLERK OF SUPERIOR COURT

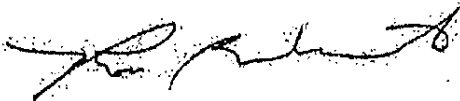
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JULY 25, 2014

TO WHOM IT MAY CONCERN,

I, ROSS BLEUSTEIN THE OWNER OF ATLAS AEROSPACE ACCESSORIES INC.  
LOCATED AT 7820 N.W. 56<sup>TH</sup> STREET, MIAMI, FL 33166 GIVE FULL AUTHORIZATION  
FOR ATLAS AEROSPACE ACCESSORIES LLC, LOCATED AT THE SAME ADDRESS TO  
USE THIS NEW NAME

YOURS TRULY,



ROSS BLEUSTEIN  
PRESIDENT

FILED  
2014 JUL 25 AM 10:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATLAS AEROSPACE ACCESSORIES, 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 JULY, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLAS AEROSPACE ACCESSORIES, LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2012.


FILED  
2014 JUL 25 AM 10:35  
JEFFREY W. BULLOCK, SECRETARY OF STATE  
DELAWARE



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1567549

DATE: 07-25-14