

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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

Email Address:

Foreign Limited Liability Company

CIT Aerospace LLC

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Corporate Filing Menu

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10/26/2015

10/26/2015 1:18:55 PM From: To: 8506176383(4/5)

COVER LETTER

	rospace LLC	Name of Lim	ited Liability Company	· 	
enclosed "Appli ence, and check	cation by Foreign Limi are submitted to regist	ited Liability Cor for the above ref	mpany for Authorizatio	on to Transact Business in Flor Hisbility company to transact b	ida," Certific ousiness in F
e return all corr	espondence concerning	g this matter to th	he following:		
			Name of Person		
	<u> </u>	······	Firm/Company		_
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		City/	State and Zip Code		_
CIT.	CoSec@CIT.Com				
		address: (to be use	ed for future annual report	t notification)	
rth er informatio	n concerning this mate	er, please call:	n()		
· · · · · · · · · · · · · · · · · · ·	Name of Contact Pe	erson	Area Code	Daytime Telephone Number	
MAILING A Division of C Registration 1 P.O. Box 632 Talinhassee, 1	Orporations Section 7	Divisio Registr Clifton 2661 E	ET ADDRESS: on of Corporations ration Section a Building executive Center Circle assee, FL 32301	•	,

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

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

Liability Company," "L.L.C," or "LLC.")	name must include "Limi	led
2. Delaware 3. 47-5255449		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicampany is organized)	cable)	
4. Upon Qualification		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
	∑ 22	281
5. 11 West 42nd Street, New York, NY 10036		<u></u>
•	## FT FT	200
(Street Address of Principal Office)	77.33	26
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		A
6. 1 CIT Drive Attn: Tax Department, Livingston, NJ 07039 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to make the person of t	PLOSTA FLOSTA BANAGE is/are:	
б. 1 CIT Drive Attn: Tax Department, Livingston, NJ 07039 (Mailing Address)	FOR SOUTH SO	AN 8: 1
6. 1 CIT Drive Attn: Tax Department, Livingston, NJ 07039 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to make the control of the person of		AN 8: 15
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to mailing the person of t	ticated by the offic	AN 8: 15
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(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to me Christopher H. Paul, 1 CIT Drive, Livingston, NJ 07039 Manager 8. Attached is an original certificate of existence, no more than 90 days old, duly authentaving custody of records in the jurisdiction under the law of which it is organized. (A pacceptable. If the certificate is in a foreign language, a translation of the certificate under	ticated by the office	AH 8: 15
6. 1 CIT Drive Attn: Tax Department, Livingston, NJ 07039 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to mailing address.	ticated by the office	AH 8: 15

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:	
CIT Aerospace 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:	
C T Corporation System (Name)	MIS OCT
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	Z6 M SSEE FI
Plantation FL 33324 City/State/Zip	ORIDA ORIDA

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.

C T Corporation Assum

By:

(Signature)

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



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CIT AEROSPACE 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-THIRD DAY OF OCTOBER, A.D. 2015.

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

e at corp de laware gov/auth

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Date: 10-23-15

5837550 8300 SR# 20150626950

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