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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****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
MPE Aviation Shop, LLC**

Certificate of Status	0
Certified Copy	0
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2016 APR 19 PM 3:34
ALLAH/STATE, FLORIDA
16 APR 19 AM 9:29
SECRET
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MPE Aviation Shop, 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:

Kent Rosenthal
Name of Person
MPE Aviation Shop, LLC
Firm/Company
10 Hudson Drive
Address
Southwick, MA 01077-9546
City/State and Zip Code
krosenthal@betool.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben Pogany at (216) 586-7657
Name of Contact 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 amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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:

1. MPE Aviation Shop, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 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. 600 Superior Avenue East, Suite 2500, Cleveland, OH 44114

(Street Address of Principal Office)

6. 600 Superior Avenue East, Suite 2500, Cleveland, OH 44114

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kristin Bolden
Kristin Bolden
Assistant Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

The company is managed by its Board of Managers - See attached sheet for names and addresses.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Charles Rossetti
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Charles Rossetti
Typed or printed name of signer

16 APR 19 AM 9:29
STATE
TALLAHASSEE
FLORIDA

MPE AVIATION SHOP, LLC (DE)	
<u>MANAGERS</u>	<u>ADDRESSES</u>
Peter Taft	Fifth Third Center 600 Superior Avenue East Suite 2500 Cleveland, OH 44114
Charles Rossetti	One Liberty Square Suite 620 Boston, MA 02109
Joe Machado	One Liberty Square Suite 620 Boston, MA 02109
Phil Duke	10 Hudson Drive Southwick, MA 01077
David Evans	10 Hudson Drive Southwick, MA 01077
John Wilander	12451 Popash Ct. North Fort Myers, FL 33903
Paul Tobias	9 Colony Crest Westfield, MA 01085
William Pesch	10 Hudson Drive Southwick, MA 01077

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MPE AVIATION SHOP, 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 NINETEENTH DAY OF APRIL, A.D. 2016.

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



5824843 8300

SR# 20162390590

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202171212

Date: 04-19-16