## MECOCOCTSZO

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Sasiness Entry Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	

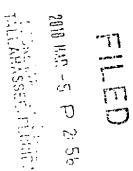
Office Use Only



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02/23/18--01002--003 \*\*72,50



2/8/18/05



February 23, 2018

MARY MITCHELL 11399 16TH CT N SUITE 200 ST PETERSBURG, FL 33716

SUBJECT: GENERAL DYNAMICS MOTION CONTROL, LLC

Ref. Number: W18000010475

We have received your document for GENERAL DYNAMICS MOTION CONTROL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6051.

Letter Number: 818A00003792

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

	Registration Section Division of Corporations	
SEDICO	General Dynamics Motion Control, LLC	
SUBJEC"		Limited Liability Company
		pany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.
Please reti	urn all correspondence concerning this matter to the	e following:
	Mary M. Mitchell	
		Same of Person
	General Dynamics Ordnance and Tactical	Systems, Inc
	F	Firm/Company
	11399 16th Ct N Suite 200	
		Address
	St. Petersburg, FL 33716	
	City/S	State and Zip Code
	mary.mitchell@gd-ots.com	ed for future annual report notification)
	E-mail address: (to be use	ed for future annual report notification)
For further	r information concerning this matter, please call:	
Ŋ	Mary Mitchell	727 578-8204 T
	Name of Contact Person	Area Code Daytime Telephone Number on
D R P	IAILING ADDRESS: Division of Corporations Legistration Section LO. Box 6327 Callahassee, Ft. 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	s a check for the following amount:  I \$125.00 Filing Fee	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy
		82.50 St alrady
		Remainder du 72.20
		Please su attached
		incorrect form regences winted
		Letter # = 18A 0000 2150

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY

	amiled Liability Company, must include "Lim	nted Liability Company," "L.I. C.," or "LLC"	
	me adopted for the purpose of transacting business in l	Florida. The attenute name must include "Limited Lia	bility Company," "L.L.C." or "ELC ";
2. Delaware  Delaware is a property of the law of which is a property of the law of th	ich foreign lunited liability company is organized)	3	per, (Lapplicable)
	, , , , ,		
4. 1/1/18	(Date first transacted business in Florida, if prior	to registration 1	
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, I'S) to determine the first transaction of the first trans		
5. 7603 St Andrews Suite	II	6. 11399 16th Ct. N Suite 20th (Mailing Add	)
San Diego, CA 92154	megar vancej	St. Petersburg, FL 33716	
			<del></del>
7. Name and street address	of Florida registered agent: (P.O. Bo	ox NOT acceptable)	
	Del S Dameron		
Name:	Det 3 (2ameron		
Office Address:	11399 16th Ct N Suite 200		
	Tampa. St. leters burg	Florida 33716	
	d'as)	(Zip cox	e);
Registered agent's accept	ance:		건당 글
Haning boom mand as were			Himbilian Calmana and a salah a milana
			liability company at the place in this capacity. I further agree
designated in this applicati to comply with the provision	ion. I hereby accept the appointment ons of all statutes relative to the prop	as registered agent and agree to act	in this capacity. I further agree
designated in this applicate to comply with the provision and accept the obligations	ion. I hereby accept the appointment ons of all statutes relative to the propo of my position as registered agent.	as registered agent and agree to act er and complete performance of my	in this capacity. I further agree
designated in this applicate to comply with the provision and accept the obligations	ion. I hereby accept the appointment ons of all statutes relative to the propo of my position as registered agent.	as registered agent and agree to act er and complete performance of my	in this capacity. I further agree duties, and I am familiar with
designated in this applicate to comply with the provision and accept the obligations	ion. I hereby accept the appointment ons of all statutes relative to the prop	as registered agent and agree to act er and complete performance of my	in this capacity. I further agree duties, and I am familiar with
designated in this applicate to comply with the provision and accept the obligations  8. The name, title or capac	ion. I hereby accept the appointment ons of all statutes relative to the propo of my position as registered agent.	as registered agent and agree to act er and complete performance of my cs signature)	in this capacity. I further agree duties, and I am familiar with
designated in this applicate to comply with the provision and accept the obligations	ion, I hereby accept the appointment ons of all statutes relative to the propo of my position as registered agent.  (Registered agent	as registered agent and agree to act er and complete performance of my cs signature)	in this capacity. I further agree duties, and I am familiar with
designated in this applicate to comply with the provision and accept the obligations  8. The name, title or capac	ion. I hereby accept the appointment ons of all statutes relative to the proportion as registered agent.    A   March   Registered agent	tas registered agent and agree to act er and complete performance of my (Sugnature) has/have authority to manage is/are: Title or Capacity: Treasurer	in this capacity. I further agree duties, and I am familiar with    1
designated in this applicate to comply with the provision and accept the obligations  8. The name, title or capacity:	city and address of the person(s) who  Name and Address:  Firat Gezen  11.3.19 11. 12.61 N > 2	tas registered agent and agree to acter and complete performance of my transposition.  has/have authority to manage is/are:  Title or Capacity:  Treasurer	in this capacity. I further agree duties, and I am familiar with    1
designated in this applicate to comply with the provision and accept the obligations  8. The name, title or capacity:	ion. I hereby accept the appointment ons of all statutes relative to the proportion as registered agent.    A   March   Registered agent	tas registered agent and agree to acter and complete performance of my transposition.  has/have authority to manage is/are:  Title or Capacity:  Treasurer	in this capacity. I further agree duties, and I am familiar with    1
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designated in this applicant to comply with the provision and accept the obligations  8. The name, title or capacity: President  Secretary  (Use attachments if necessary)	city and address of the person(s) who  Name and Address:  Firat Gezen  11399 11 12 C+ N St  St Perces your FC  Del Dameron  11399 14 12 C+ N St  St Perces your FC  St Perces your FC  Address:	tas registered agent and agree to acter and complete performance of my  (**signature*)  has/have authority to manage is/are:  Title or Capacity:  Treasurer  Late 260  Vice President  Late 200  37/16	in this capacity. I further agree duties, and I am familiar with  Name and Address:  David Fogg  113.99  113.99  Edward Greeco  113.99  Lift (1 N. Sa. k 200  31. (ckcs being fe 35.714)
designated in this applicant to comply with the provision and accept the obligations.  8. The name, title or capacity: President  Secretary  (Use attachments if necessary)	ion, I hereby accept the appointment ons of all statutes relative to the proportion of my position as registered agent.    Comparison of my position as registered agent.	tas registered agent and agree to acter and complete performance of my  has/have authority to manage is/are:  Title or Capacity:  Treasurer  Live 102(v) 377/4  Vice President  Live 200  Atternal	in this capacity. I further agree duties, and I am familiar with  Solution and I am familiar with  Name and Address:  David Fogg  113 99 14 th 6t. N. Su.fc 220  51. 1ckcs bowy Fe 35 714  Edward Greeco  113 99 14 th (1 N. Su.fc 200  3 t. 1ckcs bowy Fe 3 5 714  ving custody of records in the



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

DELAWARE, DO HEREBY CERTIFY "GENERAL DYNAMICS MOTION CONTROL, 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 SIXTEENTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GENERAL DYNAMICS MOTION CONTROL, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2017.



Authentication: 201975866

Date: 01-16-18