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NAME: DOWE GALLAGHER AEROSPACE TECHNICAL SERVICES LLC

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Registration Section
Division of Corporations

TO:

SUBJECT		erospace Technical Services	LLC							
gobale:	*	Name of Limited Liability Company								
The enclose Existence, a	ed "Application by Fo and check are submitt	oreign Limited Liability Com ed to register the above refer	ipany for Authoriz renced foreign lim	ation to Tr ted liabili	ransact Business in Florida," ty company to transact busin	Certificate of ess in Florida.				
Please retur	m all correspondence	concerning this matter to the	following:							
	Dwain R. Gad	way								
	·	٨	lame of Person							
	Dowe Gallagher Aerospace Technical Services LLC									
	Firm/Company									
	15 Paradise Pl	aza #240								
	Address									
	Sarasota, FL 3	Sarasota, FL 34239								
		City/S	State and Zip Code	·- <u>-</u> -	•					
	dgadway@dowe	gallagher.com								
		E-mail address: (to be use	d for future annua	report no	tification)					
For further	information concernir	ng this matter, please call:								
D	wain R. Gadway		941 at (256-21	79					
	Name o	of Contact Person	Area Code	Day	time Telephone Number					
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREFT ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301								
	a check for the follow \$125.00 Filing Fee	ving amount: \$\Bigcup \frac{1}{2} \frac{1}{3} \frac{0.00}{0.00} \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop					

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:

f name unavailable enter alternate o	name adopted for the purpose of transacting business is	Florida. The alte	mate name must include "I im	ated Lisbility Company." "L.L.C." or "L	
	min accepted an inc purpose of transacting occurs in			acci carrier company, mile, or a	
Delaware, USA (Jurisdiction under the law of w	hich foreign limited liability company is organized)	. 3. ,	82-1303275 (F	El number, if applicable)	_
NOT APPLICABLE	(Date first transacted business in Florida, if pric	w to registration)			
	(See sections 605 0904 & 605,0905, F.S. to de	termine penaky lis	• *		
15 Paradise Plaza #24		6	5 Paradise Plaza #24	40 ling Address)	_
Sarasota, FL 34239	rrincipal Office)	9	Sarasota, FL 34239	ling Address)	
		-			- -
		-			
	CELLIA I CONTRA	NOT)
Name and street address	ss of Florida registered agent: (P.O. E	sox <u>NO1</u> ac	ceptable)	Mag.	-
Name:	Paracorp Incorporated		- 18	- TO:	يخ.
Office Add-2	155 Office Plaza Drive, 1st Floor			1900 Top 1700	æ
Office Address:				50	0
	Tallahassee		, Florida <u>3230</u>	<u>'</u>	
egistered agent's accep	(City)		((Zip code)	
	מודאכה כדה חוד אתתאכנו	ED.			
	PLEASE SEE THE ATTACH				
	PLEASE SEE THE ATTACH (Registered age				
	(Registered age acity and address of the person(s) who	nt's signature) o has/have at			
. The name, title or capa <u>Title or Capacity:</u>	(Registered age	nt's signature) o has/have at	uthority to manage is	/are: Name and Addres	<u>s:</u>
	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway	nt's signature) o has/have at			<u>s:</u>
Title or Capacity:	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway 15 Paradise Plaza #240	nt's signature) o has/have at			<u>s:</u>
Title or Capacity:	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway	nt's signature) o has/have at			<u>s:</u>
Title or Capacity:	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway 15 Paradise Plaza #240	nt's signature) o has/have at			<u>s:</u>
Title or Capacity:	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway 15 Paradise Plaza #240	nt's signature) o has/have at			<u>s:</u>
Title or Capacity:	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway 15 Paradise Plaza #240	nt's signature) o has/have at			<u>s:</u>
Title or Capacity: Manager	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway 15 Paradise Plaza #240 Sarasota, FL 34239	nt's signature) o has/have at			<u>s:</u>
Title or Capacity: Manager Use attachments if neces	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway 15 Paradise Plaza #240 Sarusota, FL 34239	nt's signature) o has/have at Titl	e or Capacity:	Name and Address	
Title or Capacity: Manager Use attachments if neces Attached is a certificate	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway 15 Paradise Plaza #240 Sarasota, FL 34239	nt's signature) o has/have au Titl	e or Capacity:	Name and Address	is ir
Title or Capacity: Manager Use attachments if neces Attached is a certificate risdiction under the law	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway 15 Paradise Plaza #240 Sarasota, FL 34239 sary) of existence, no more than 90 days of which it is organized. (If the certification of the control of the certification	nt's signature) o has/have au Titl	e or Capacity:	Name and Address	is ir
Title or Capacity: Manager Use attachments if neces Attached is a certificate arisdiction under the law f the translator must be so	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway 15 Paradise Plaza #240 Sarasota, FL 34239 sary) of existence, no more than 90 days of which it is organized. (If the certification)	o has/have au Titl	e or Capacity: enticated by the offic	cial having custody of record	is ir
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Title or Capacity: Manager Use attachments if neces Attached is a certificate urisdiction under the law of the translator must be second. This document is executed the second translator must be second.	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway 15 Paradise Plaza #240 Sarasota, FL 34239 sary) of existence, no more than 90 days of which it is organized. (If the certification)	o has/have au Titl	enticated by the offic oreign language, a tr	cial having custody of record	is ir
Title or Capacity: Manager Use attachments if neces Attached is a certificate risdiction under the law of the translator must be seen. This document is executed.	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway 15 Paradise Plaza #240 Sarasota, FL 34239 sary) of existence, no more than 90 days o of which it is organized. (If the certification in accordance with section 605.0 o the Department of State constitutes a	o has/have au Titl Id, duly authorate is in a f	enticated by the offic oreign language, a tra Florida Statutes. I am e felony as provided i	cial having custody of record	is ir
Title or Capacity: Manager Use attachments if neces Attached is a certificate urisdiction under the law of the translator must be second. This document is executed the second translator must be second.	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway 15 Paradise Plaza #240 Sarasota, FL 34239 sary) of existence, no more than 90 days o of which it is organized. (If the certification in accordance with section 605.0 o the Department of State constitutes a	o has/have au Titl	enticated by the offic oreign language, a tra Florida Statutes. I am e felony as provided i	cial having custody of record	is ir
Title or Capacity: Manager (Use attachments if neces Attached is a certificate arisdiction under the law of the translator must be so 0. This document is executed.	(Registered age acity and address of the person(s) who Name and Address: Dwain R. Gadway 15 Paradise Plaza #240 Sarasota, FL 34239 sary) of existence, no more than 90 days o of which it is organized. (If the certification in accordance with section 605.0 o the Department of State constitutes a	ld, duly authorising of an authorising of authorisi	enticated by the offic oreign language, a tra Florida Statutes. I am e felony as provided to	cial having custody of record	is ir

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 3/12/18

ENTITY NAME: Dowe Gallagher Aerospace Technical Services LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Milton Vong Assistant Secretary

Paracorp Incorporated

Page 1



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

DELAWARE, DO HEREBY CERTIFY "DOWE GALLAGHER AEROSPACE TECHNICAL

SERVICES 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 TWELFTH DAY OF MARCH,

A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOWE GALLAGHER AEROSPACE TECHNICAL SERVICES LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2017.

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

Authentication: 202299730

Date: 03-12-18