## M18000004049

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
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| file second                             |  |  |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 180424 4612303

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: April 25, 2018

ORDER TIME : 12:21 PM

ORDER NO. : 180424-020

CUSTOMER NO: 4612303

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## FOREIGN FILINGS

NAME: GKN AEROSPACE FLORIDA LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## 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:

| ,  | Limited Liability Company, must include "Limited   | Liability Company " "LLC " or "L  | I.C.")   |
|--|--|---|--|
|  | Tallined Blacking Company, Medi Introduct Tyllined   | a continue company, L.L.C., Co. 12  |  |
| li name unavailable, enter alternate r   | name adopted for the purpose of transacting business in Flor   | ida. The alternate name must include "Lines   | ed Liability Company," "L.L.C," or "LLC,")   |
| 2 Delaware   |  | 3 81-3029498  |  |
| (Jurisdiction under the law of w   | hich foreign limited liability company is organized)   | (FE   | I number, if applicable)   |
| <b>4</b> .   |  |   |  |
|  | (Date first transacted business in Florida, if prior to a<br>(See sections 605.0904 & 605.0905, F.S. to determine  | registration ) in penalty liability)  | <del></del>  |
| 6051 Venture Crossin   |  | 6. 2715 Davey Road, Sui   | ite 300 📑 🏡 🐱  |
| (Street Address of Principal Office)   |  | (Masla)   | g Address)   |
| Panama City, Florida 32409   |  | Woodridge, Illinois 60  | 0517-5064  |
| U.S.A.   | · · · · · · · · · · · · · · · · · · ·  | U.S.A.  |  |
|  |  |   |  |
| . Name and street addres   | ss of Florida registered agent: (P.O. Box  | NOT acceptable)   |  |
| Name: Corporation Service Company  |  |   | 展 1F 32  |
| 000-1441   | 1201 Hays Street   |   | \$ P   |
| Office Address:  |  | <del></del>   | •  |
|  | Tallahassee  | , Florida 32301   |  |
| Registered agent's accep   | (Cuy)  | 12  | ip code)   |
| та ассері іне ориданон,  | s of my position as registered agent. 🧪  |   | Roxanne Turriei  |
| на ассері іне обпушнон.  | s of my position as registered agent.  Corporalida Services company  By:   | Duner   | Roxanne Turriei  |
| па ассері іне обпушов,   | s of my position as registered agent.  Corporalidy Service Company   | Duner   | Roxanne Turriei  |
| <ol> <li>The name, title or cape</li> </ol>  | s of my position as registered agent.  Corporation Services annually  By:  (Registered agent's sacity and address of the person(s) who has   | DULLU (granture) s/have authority to manage is/a  | Roxanne Turriei<br>Asst. Vice Presider   |
|  | s of my position as registered agent.  Corporation Service Company  By:  (Registered agent's s   | Dunes<br>ignature)  | Roxanne Turner Asst. Vice Presider   |
| <ol> <li>The name, title or cape</li> </ol>  | Sof my position as registered agent.  Corporation Service Company By:  (Registered agent's sacity and address of the person(s) who has Name and Address:  Paul J. Westman  | DULLU (granture) s/have authority to manage is/a  | Roxanne Turriei Asst. Vice Presider  re:  Name and Address:  Doug Steinman   |
| 3. The name, title or capa<br><u>Title or Capacity:</u>  | Corporation as registered agent.  Corporation Service Company By:  (Registered agent's sacity and address of the person(s) who has Name and Address:  Paul J. Westman  2715 Davey Road, Suite 300  | Shave authority to manage is/a <u>Title or Capacity:</u>  | Roxanne Turriei Asst. Vice Presider  re:  Name and Address:  Doug Steinman 2715 Davey Road, Suite 3  |
| 8. The name, title or capa<br><u>Title or Capacity:</u>  | Sof my position as registered agent.  Corporation Service Company By:  (Registered agent's sacity and address of the person(s) who has Name and Address:  Paul J. Westman  | Shave authority to manage is/a <u>Title or Capacity:</u>  | Roxanne Turriei Asst. Vice Presider  re:  Name and Address:  Doug Steinman 2715 Davey Road, Suite 3  |
| 8. The name, title or capa<br><u>Title or Capacity:</u>  | Corporation as registered agent.  Corporation Service Company By:  (Registered agent's sacity and address of the person(s) who has Name and Address:  Paul J. Westman  2715 Davey Road, Suite 300  | Shave authority to manage is/a <u>Title or Capacity:</u>  | Roxanne Turriei Asst. Vice Presider  re:  Name and Address:  Doug Steinman 2715 Davey Road, Suite 3  |
| 3. The name, title or capa  Title or Capacity:  Tax Officer  | s of my position as registered agent. Corporation Services annuary By:  (Registered agent's sacity and address of the person(s) who has Name and Address:  Paul J. Westman  2715 Davey Road, Suite 300 Woodridge, IL 60517-5064  Keith Schrader  2715 Davey Road, Suite 300  | Duty (ignature)  S/have authority to manage is/a  Title or Capacity:  Vice President  | Roxanne Turriei Asst. Vice Presider  re:  Name and Address:  Doug Steinman 2715 Davey Road, Suite 3 Woodridge, 1L, 60517-506  Sergio Moren 2715 Davey Road, Suite 3  |
| 8. The name, title or capa  Title or Capacity:  Tax Officer  President   | cof my position as registered agent. Corporation Service Company By:  (Registered agent's sacity and address of the person(s) who has Name and Address:  Paul J. Westman  2715 Davey Road, Suite 300 Woodridge, IL 60517-5064  Keith Schrader  2715 Davey Road, Suite 300 Woodridge, IL 60517-5064   | Duty (ignature)  S/have authority to manage is/a  Title or Capacity:  Vice President  | Roxanne Turriei Asst. Vice Presider  re:  Name and Address:  Doug Steinman 2715 Davey Road, Suite 3 Woodridge, 1L, 60517-506  Sergio Moren 2715 Davey Road, Suite 3  |
| 3. The name, title or capa  Title or Capacity:  Tax Officer  President   | cof my position as registered agent. Corporation Service Company By:  (Registered agent's sacity and address of the person(s) who has Name and Address:  Paul J. Westman  2715 Davey Road, Suite 300 Woodridge, IL 60517-5064  Keith Schrader  2715 Davey Road, Suite 300 Woodridge, IL 60517-5064   | Duty (ignature)  S/have authority to manage is/a  Title or Capacity:  Vice President  | Roxanne Turriei Asst. Vice Presider  re:  Name and Address:  Doug Steinman 2715 Davey Road, Suite 3 Woodridge, IL 60517-500  Sergio Moren 2715 Davey Road, Suite 3   |
| 8. The name, title or capa Title or Capacity: Tax Officer  President  Use attachments if neces:  | Sof my position as registered agent. Corporation Service Company By:  (Registered agent's service Company Registered agent's service Company By:  (Registered agent's service Company Name and Address:  Paul J. Westman  2715 Davey Road, Suite 300 Woodridge, IL 60517-5064  Keith Schrader  2715 Davey Road, Suite 300 Woodridge, IL 60517-5064  sary) See attachment   | Shave authority to manage is/a  Title or Capacity:  Vice President  Vice President  | Roxanne Turriei Asst. Vice Presider  Name and Address:  Doug Steinman 2715 Davey Road, Suite 3 Woodridge, IL 60517-506  Sergio Moren 2715 Davey Road, Suite 3 Woodridge, IL 60517-506  |
| 3. The name, title or capa Title or Capacity: Tax Officer  President  Use attachments if necess Attached is a certificate prisidiction under the law of th | Corporation as registered agent. Corporation Service torngany By:  (Registered agent's s  acity and address of the person(s) who has  Name and Address:  Paul J. Westman  2715 Davey Road, Suite 300  Woodridge, IL 60517-5064  Keith Schrader  2715 Davey Road, Suite 300  Woodridge, IL 60517-5064  sary) See attachment  of existence, no more than 90 days old, dof which it is organized. (If the certificate   | Shave authority to manage is/a  Title or Capacity:  Vice President  Vice President  | Roxanne Turriei Asst. Vice Presider  Te:  Name and Address:  Doug Steinman 2715 Davey Road, Suite 3 Woodridge, IL 60517-506  Sergio Moren 2715 Davey Road, Suite 3 Woodridge, IL 60517-506  al having custody of records in the  |
| 8. The name, title or capa Title or Capacity: Tax Officer  President  Use attachments if necess Attached is a certificate prisidiction under the law of th | Corporation as registered agent. Corporation Service torngany By:  (Registered agent's s  acity and address of the person(s) who has  Name and Address:  Paul J. Westman  2715 Davey Road, Suite 300  Woodridge, IL 60517-5064  Keith Schrader  2715 Davey Road, Suite 300  Woodridge, IL 60517-5064  sary) See attachment  of existence, no more than 90 days old, dof which it is organized. (If the certificate   | Shave authority to manage is/a  Title or Capacity:  Vice President  Vice President  | Roxanne Turrier Asst. Vice Presider  Te:  Name and Address:  Doug Steinman  2715 Davey Road, Suite 3 Woodridge, IL 60517-506  Sergio Moren  2715 Davey Road, Suite 3: Woodridge, IL 60517-506  |
| 8. The name, title or capa Title or Capacity: Tax Officer  President  Use attachments if necess  Attached is a certificate prisidiction under the law of the translator must be su   | Corporation as registered agent. Corporation Service Corporation S | Vice President  Vice President  Vice President  Vice In a foreign language, a train   | Roxanne Turrier Asst. Vice Presider  Te:  Name and Address:  Doug Steinman  2715 Davey Road, Suite 3 Woodridge, IL 60517-506  Sergio Moren  2715 Davey Road, Suite 3 Woodridge, IL 60517-506  al having custody of records in the instation of the certificate under out                     |
| 8. The name, title or capa Title or Capacity: Tax Officer  President  Use attachments if necess  Attached is a certificate urisdiction under the law of the translator must be su  0. This document is executed.   | Registered agent's s  Corporation Service Company By:  (Registered agent's s  acity and address of the person(s) who has  Name and Address:  Paul J. Westman  2715 Davey Road, Suite 300  Woodridge, IL 60517-5064  Keith Schrader  2715 Davey Road, Suite 300  Woodridge, IL 60517-5064  sary) See attachment  of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0203   | Shave authority to manage is/a  Title or Capacity:  Vice President  Vice President  Use President  Vice President  (1) (b), Florida Statutes, I am: | Roxanne Turrier Asst. Vice Presider  Te:  Name and Address:  Doug Steinman 2715 Davey Road, Suite 3 Woodridge, IL 60517-506  Sergio Moren 2715 Davey Road, Suite 3 Woodridge, IL 60517-506  al having custody of records in the instation of the certificate under out                       |
| 8. The name, title or capa Title or Capacity: Tax Officer  President  Use attachments if necess  Attached is a certificate prisidiction under the law of the translator must be success.  This document is executed.   | Registered agent's s  Corporation Service Company By:  (Registered agent's s  acity and address of the person(s) who has  Name and Address:  Paul J. Westman  2715 Davey Road, Suite 300  Woodridge, IL 60517-5064  Keith Schrader  2715 Davey Road, Suite 300  Woodridge, IL 60517-5064  sary) See attachment  of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0203   | Shave authority to manage is/a  Title or Capacity:  Vice President  Vice President  Use President  Vice President  (1) (b), Florida Statutes, I am: | Roxanne Turrier Asst. Vice Presider  Te:  Name and Address:  Doug Steinman 2715 Davey Road, Suite 3 Woodridge, IL 60517-506  Sergio Moren 2715 Davey Road, Suite 3 Woodridge, IL 60517-506  al having custody of records in the instation of the certificate under out                       |
| 8. The name, title or capa Title or Capacity: Tax Officer  President  Use attachments if necess  Attached is a certificate prisidiction under the law of the translator must be success.  This document is executed.   | Registered agent's s  Corporation Service Company By:  (Registered agent's s  acity and address of the person(s) who has  Name and Address:  Paul J. Westman  2715 Davey Road, Suite 300  Woodridge, IL 60517-5064  Keith Schrader  2715 Davey Road, Suite 300  Woodridge, IL 60517-5064  sary) See attachment  of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0203   | Shave authority to manage is/a  Title or Capacity:  Vice President  Vice President  Use President  Vice President  (1) (b), Florida Statutes, I am: | Roxanne Turrier Asst. Vice Presider  Te:  Name and Address:  Doug Steinman 2715 Davey Road, Suite 30 Woodridge, IL 60517-506  Sergio Moren 2715 Davey Road, Suite 30 Woodridge, IL 60517-506  al having custody of records in the instation of the certificate under out                     |
| 8. The name, title or capa Title or Capacity: Tax Officer  President  Use attachments if necess  Attached is a certificate urisdiction under the law of the translator must be su  0. This document is executed.   | Corporation as registered agent. Corporation Service torgany By:  (Registered agent's sective and address of the person(s) who has Name and Address:  Paul J. Westman  2715 Davey Road, Suite 300 Woodridge, IL 60517-5064  Keith Schrader  2715 Davey Road, Suite 300 Woodridge, IL 60517-5064  sary) See attachment of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted)  uted in accordance with section 605,0203   | Shave authority to manage is/a  Title or Capacity:  Vice President  Vice President  Use President  Vice President  (1) (b), Florida Statutes, I am: | Asst. Vice Presider  Te:  Name and Address:  Doug Steinman  2715 Davey Road, Suite 36  Woodridge, IL 60517-506  Sergio Moren  2715 Davey Road, Suite 36  Woodridge, IL 60517-506  al having custody of records in the aslation of the certificate under oat aware that any false information |

Typed or printed name of signee

| Title or Capacity | Name and Address                |
|-------------------|---------------------------------|
| Vice President    | Susan Barnes                    |
|                   | 2715 Davey Road, Suite 300      |
|                   | Woodridge, Illinois, 60517-6054 |
| Vice President    | Preston Mathis                  |
|                   | 2715 Davey Road, Suite 300      |
|                   | Woodridge, Illinois, 60517-6054 |



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

DELAWARE, DO HEREBY CERTIFY "GKN AEROSPACE FLORIDA 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 APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GKN AEROSPACE FLORIDA LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2016.

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



Authentication: 202577575

Date: 04-25-18