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*	(Requestor's Name)				
(Address)					
	(Address)				
<u></u>	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL				
	(Business Entity Name)				
	(Document Number)				
Certified Copies Certificates of Status					
Special Instruction	s to Filing Officer:				
45					

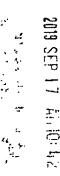
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SEP 1 7 2019 M. SOLOMON

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	s					
UBJECT:	HAECO Airframe So	ervices, LLC					
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company						
					et Business in Florida," Certificate on pany to transact business in Florid		
lease return	all correspondence co	oncerning this matter to the follo	owing:				
	Jay Dakoriya						
	Name of Person						
	HAECO Americ	eas, LLC					
		Firm/	Company				
	623 Radar Road	I					
		Address					
	Greensboro, NC	27410					
	City/State and Zip Code						
	jay.dakoriya@hac						
		E-mail address: (to be used for	r future annua	l report notifica	ition)		
or further in	nformation concerning	g this matter, please call:					
Jay	· Dakoriyia	а	336 U	668-4410 x.			
	Name of	f Contact Person	Area Code	Daytime	Telephone Number		
Div Reg P.O	AILANG ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassec, FL 32314			STREET AD Division of C Registration S Clifton Buildi 2661 Executive Tallahassee, F	orporations Section ing ve Center Circle		
	dosed is a check for the	ne following amount: le to: FLORIDA DEPARTMI	ENT OF STA	TE			
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status) Filing Fee & ied Copy	\$160.00 Filing Fee, Certific 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "LL	C.," or "LLC.")	·
name unavailable, enter alternate s	name adopted for the purpose of transacting business in Flori	ide. The alternate name must in	thade "Limited Liability Company," "L.l.	.C," or "LLC."
Delaware		54-1510639 3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applicable)	
08/31/2019				
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) e penalty liability)		
623 Radar Road	rincipal Office)	6.		
(Street Address of	'rincipal Office)		(Mailing Address)	
Greensboro, NC 27410)			
				·
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		
		<u> </u>		•
Name;	CT Corporation System			· .
ivanc,				· 19:
Office Address:	1200 South Pine Island Road			4.5
	Plantation	, Florida	33324	
	(City)	, riorida	(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.

Ternell Kearney As 1 Secretary

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: HAECO Americas, LLC Name: HAECO Americas, LLC Manager Manager Manager Address: 623 Radar Address: 623 Radar Road Member Member Greensboro, NC 27410 Greenshoro, NC 27410 Authorized Authorized Person Person __Other____ Other_ Other_ Other Name: D. Lee Fox William J Collins, III. Manager Manager Manager Address: 623 Radar Road Address: 623 Radar Road Member Greensboro, NC 27410 Greensboro, NC 27410 Authorized Authorized Person Person Other_ Name: _____ Manager Manager Member Address: Member __Authorized Authorized Person Person Other____ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form, 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) 10. 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. Signature of an authorized person D. Lee Fox - CFO & Secretary

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "HAECO AIRFRAME 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 NINTH DAY OF SEPTEMBER, A.D. 2019.

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

Authentication: 203557218

Date: 09-09-19