

11/23/21, 11:32 AM

Division of Corporations

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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 : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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**VSE AVIATION SINGAPORE PTE LTD LIMITED LIABILITY COM**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2021 NOV 23 PM 12:19

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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. VSE AVIATION SINGAPORE PTE LTD LIMITED LIABILITY COMPANY
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C."

2. SINGAPORE 3. 98-1428729
(Jurisdiction under the law of which foreign limited liability company is organized) (F.L.I. number, if applicable)

4. 05/01/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

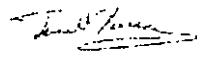
5. 3361 ENTERPRISE WAY 6. 3361 ENTERPRISE WAY
(Street Address of Principal Office) (Mailing Address)
MIRAMAR, FL 33025 MIRAMAR, FL 33025

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.

By: C.T. Corporation System 
(Registered agent's signature) Terrell Heathley Assistant Secretary

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>BENJAMIN E THOMAS</u>	<input type="checkbox"/> Manager	Name: <u>ORLANDO FERNANDEZ</u>
<input type="checkbox"/> Member	Address: <u>3361 ENTERPRISE WAY</u>	<input type="checkbox"/> Member	Address: <u>3361 ENTERPRISE WAY</u>
<input type="checkbox"/> Authorized	<u>MIRAMAR, FL 33025</u>	<input checked="" type="checkbox"/> Authorized	<u>MIRAMAR, FL 33025</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Benjamin Thomas

Signature of an authorized person

Benjamin Thomas

Typed or printed name of signer

**CERTIFICATE OF GOOD STANDING**

UEN : 201726922C

This is to certify that **VSE AVIATION SINGAPORE PTE. LTD.** was incorporated or registered in Singapore under the Companies Act, Cap. 50 on **21/09/2017** and that the company is **PRIVATE COMPANY LIMITED BY SHARES**.

According to our computer records, the company is listed as **Live Company**. Its activity(ies) is/are listed as

Activities (I) : WHOLESALE OF AIRCRAFT EQUIPMENT AND SUPPLIES
(INCLUDING AERONAUTICAL EQUIPMENT) (46552)
Description : COMMERCIAL AIRCRAFT ENGINE AND ACCESSORY PARTS
DISTRIBUTION
Activities (II) :



TAN YONG TAT
ASST REGISTRAR OF COMPANIES & BUSINESS NAMES
ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)
SINGAPORE

Dated : 05/11/2021
Receipt Number : ACRA211105152595

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November 24, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: VSE AVIATION SINGAPORE PTE LTD LIMITED LIABILITY COMPANY
REF: W21000151627

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

If you have any further questions concerning your document, please call (850) 245-6051.

Consina Griffin-Greaux
Regulatory Specialist II
Registration Section

FAX Aud. #: H21000431564
Letter Number: 221A00028509