

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)517-5383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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
National Aerospace Solutions, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

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. National Aerospace Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(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 "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 12011 Sunset Hills Road Suite 110
(Street Address of Principal Office)

6. 12011 Sunset Hills Road Suite 110
(Mailing Address)

Reston, Virginia, 20190

Reston, Virginia, 20190

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: United Agent Group Inc.

Office Address: 501 US Highway 1

North Palm Beach, Florida 33408
(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.


(Registered agent's signature) By: Ariana Turoski, Special Manager

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: **Name and Address:**

☒ Manager Name: BRETT W. ACKER

☐ Member Address: 12011 Sunset Hills Road

☐ Authorized Suite 110

Person Reston, Virginia, 20190

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: MICHAEL W. COSTAS

☐ Member Address: 12011 Sunset Hills Road

☐ Authorized Suite 110

Person Reston, Virginia, 20190

☐ Other _____ ☐ Other _____

☒ Manager Name: JOHN K. ATWELL, JR.

☐ Member Address: 12011 Sunset Hills Road

☐ Authorized Suite 110

Person Reston, Virginia, 20190

☐ Other _____ ☐ Other _____

☒ Manager Name: DANIEL R. LOWE

☐ Member Address: 12011 Sunset Hills Road

☐ Authorized Suite 110

Person Reston, Virginia, 20190

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

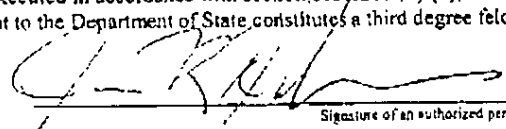
Person _____

☐ Other _____ ☐ 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.



 Signature of an authorized person

J. Robert Humphries, Secretary

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "NATIONAL AEROSPACE SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2014, AT 9:11 O'CLOCK A.M.

CERTIFICATE OF REVIVAL, FILED THE FOURTEENTH DAY OF MAY, A.D. 2020, AT 3:11 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2021, AT 3:01 O'CLOCK P.M.


AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "NATIONAL AEROSPACE SOLUTIONS, LLC".



5591619 8310

SR# 20224209964

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 205047003

Date: 12-08-22

Delaware

The First State

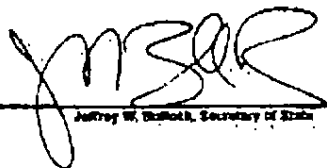
Page 2

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL
AEROSPACE SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF
AUGUST, A.D. 2014.

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

2021 21 F. 11




Jeffrey W. Bullock, Secretary of State

5591619 8310

SR# 20224209964

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205047003

Date: 12-08-22