

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I20030000004
Phone : (407)835-6769
Fax Number : (407)843-4076

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: corpmail@shutts.com

RECEIVED

2023 JUL 21 PM 4:41

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
Redwire Space Europe, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Redwire Space Europe, LLC

 Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Attn General Counsel

 Name of Person

Redwire Corporation

 Firm/Company

8226 Philips Hwy Ste 101

 Address

Jacksonville, FL

 City/State and Zip Code

gc@redwirespace.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Romaker

904

603-6227

at (_____) _____

 Name of Contact Person

 Area Code

 Daytime Telephone Number

Mailing Address:

Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:

Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
 Certificate of Status

☐ \$155.00 Filing Fee &
 Certified Copy

☒ \$160.00 Filing Fee, Certificate
 of Status & Certified Copy

SECRET
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. Redwire Space Europe, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. DELAWARE

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

3.

(FEI number, if applicable)

4. N/A

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

5. 8226 Philips Highway Suite 101

(Street Address of Principal Office)

Jacksonville, FL 32256

6. 8226 Philips Highway Suite 101

(Mailing Address)

Jacksonville, FL 32256

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

Name:

Corporation Company of Orlando

Office Address:

300 South Orange Avenue, Ste 1600 (HTG)

Orlando

(City)

, Florida

32801

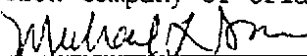
(Zip code)

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.

Corporation Company of Orlando

By:



(Registered agent's signature)

, Vice President

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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 type="checkbox"/> Manager	Name: Peter Cannito	<input type="checkbox"/> Manager	Name: Jonathan Baliff
<input type="checkbox"/> Member	Address: 8226 Philips Highway	<input type="checkbox"/> Member	Address: 8226 Philips Highway
<input checked="" type="checkbox"/> Authorized	Suite 101	<input checked="" type="checkbox"/> Authorized	Suite 101
Person	Jacksonville, FL 32256	Person	Jacksonville, FL 32256
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Faith Horowitz	<input type="checkbox"/> Manager	Name: Nathan O'Konek
<input type="checkbox"/> Member	Address: 8226 Philips Highway	<input type="checkbox"/> Member	Address: 8226 Philips Highway
<input checked="" type="checkbox"/> Authorized	Suite 101	<input checked="" type="checkbox"/> Authorized	Suite 101
Person	Jacksonville, FL 32256	Person	Jacksonville, FL 32256
<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.


 Signature of an authorized person

NATHAN J. OKONEK
 Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REDWIRE SPACE EUROPE, 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 NINETEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REDWIRE SPACE EUROPE, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2019.

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



7473266 8300

SR# 20233037242

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203783417

Date: 07-19-23

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