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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

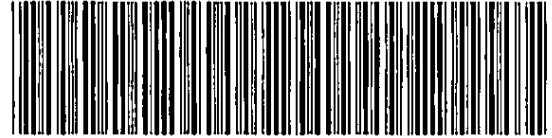
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STATE OF FLORIDA

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08/28/2024

NAME: MEAD AIRCRAFT SALES, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEAD AIRCRAFT SALES, 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:

YOLANDA ROBINSON
Name of Person
ATC
Firm/Company
700 WASHINGTON ST, STE 202
Address
COLUMBUS, IN 47201
City/State and Zip Code
ed@meadaircraftservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOLANDA ROBINSON at (812) 342-9589
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

**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. MEAD AIRCRAFT SALES, 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. KANSAS

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

3. 84-4234473

(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. 7627 37TH STREET CIR E

(Street Address of Principal Office)

6. 7627 37TH STREET CIR E

(Mailing Address)

SARASOTA, FL 34243

SARASOTA, FL 34243

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

Name: EDWARD C ROWE

Office Address: 7627 37TH STREET CIR E

SARASOTA

(City)

, Florida

34243

(Zip code)

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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.

DocuSigned by:

Edward C Rowe

CC8A8AEB510D434

(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]:

<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: EDWARD C ROWE	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 7627 37TH STREET CIR E	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SARASOTA, FL 34243	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: KEVIN W MEAD	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 7627 37TH STREET CIR E	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SARASOTA, FL 34243	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: AMY HEAVEN	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 7627 37TH STREET CIR E	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SARASOTA, FL 34243	<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.

DocuSigned by:

Edward C Rowe

CC8A8AEB570D434...

Signature of an authorized person

EDWARD C ROWE

Typed or printed name of signee

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE
CERTIFICATE OF GOOD STANDING

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 9577875

Business Name: MEAD AIRCRAFT SALES, LLC

Type: Domestic Limited Liability Company

Jurisdiction: Kansas

was filed in this office on January 09, 2020, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof:
I affix my official certification seal.
Done at the City of Topeka,
on this day August 27, 2024.

SCOTT SCHWAB
KANSAS SECRETARY OF STATE