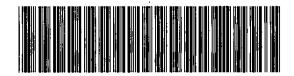
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(Requestor's Name)				
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PICK-UP	MAIT WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

	AEROSPACE INC.		
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	И BANKS Name	e (Printed or typed)	
141	MADGE DOWDLE DR.		
		Address	
OT	TO, NC. 28763		
	City.	, State & Zip	
814	-659-1059		
	•	Celephone number	
tktra	ading@msn.com		
	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



February 16, 2016

TIM BANKS 141 MADGE DOWDLE DR OTTO, NC -3

SUBJECT: BANKS AERSPACCE INC.

Ref. Number: W16000011622

We have received your document for BANKS AERSPACCE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 216A00003211



# FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

### DREW J. BREAKSPEAR COMMISSIONER

February 24, 2016

Mr. Tim Banks 141 Madge Dowdle Dr Otto, NC 28763

Re: Banks Aerospace Inc.

Dear Mr. Banks:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Banks Aerospace Inc.) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

J. Martin Stubblefield

Director

Division of Financial Institutions

JMS/dlb

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRI	VCIPAL OFFICE Principal street address	Mai	iling address, if o	different is:	
2150 NW 95th AVE					<del></del>
DORAL, FL. 33172					
	POSE  the corporation is organized is:  AINMENT SERVICES FOR U.S MILITAL				<del></del>
	NCLUDE REPAIR AND OVERHAUL SE				CS,
	ELECTRONIC DEVICES FOR GROUNI		· · · · · · · · · · · · · · · · · · ·	<del>*************************************</del>	
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			-	<del>- 8</del> ≈	<u> </u>
The number of shares	of stock is:			SSEE. FLORIDA	4 PM 4:50
The number of shares of shares of the shares of the share	of stock is:  IAL OFFICERS AND/OR DIRECTORS  TIM BANKS DRESIDET/OWNED			OF STATE E. FLORIDA	PM 4: 50
The number of shares of shares of the number of shares of the share and Times and Times of the number of shares of the number	of stock is:  IAL OFFICERS AND/OR DIRECTORS  TIM BANKS DRESIDET/OWNED	Name and Title:	***************************************	OF STATE E. FLORIDA	PM 4: 50
	of stock is:  IAL OFFICERS AND/OR DIRECTORS  tle: TIM BANKS, PRESIDET/OWNER	Name and Title: Address:		OF STATE E. FLORIDA	PM 4: 50
The number of shares of shares of the number of shares of the share and Times and Times of the number of shares of the number	of stock is:  IAL OFFICERS AND/OR DIRECTORS  tle:  1100  110			OF STATE E. FLORIDA	PM 4: 50
The number of shares of ARTICLE V INIT  Name and Ti  Address	of stock is:  IAL OFFICERS AND/OR DIRECTORS  tle:  1100  110	Address:		GF STATE E. FLORIDA	PM 4:50
The number of shares of ARTICLE V INIT  Name and Ti  Address	tle:  DORAL, FL. 33172	Address:		UF STATE E. FLORIDA	PM 4:50
The number of shares of ARTICLE V INIT  Name and Ti  Address  Name and Tit	tle: DORAL, FL. 33172	Address: Name and Title: Address:		E. FLORIDA	PM 4:50
The number of shares of ARTICLE V INIT  Name and Ti  Address  Name and Tit  Address	tle: DORAL, FL. 33172  DORAL OFFICERS AND/OR DIRECTORS  TIM BANKS, PRESIDET/OWNER  2150 NW 95th AVE  DORAL, FL. 33172	Address: Name and Title: Address:		GF STATE E. FLORIDA	PM 4:50

Name a	and Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	
The name and	Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	TIM BANKS	
Address:	2150 NW 95th AVE	
	DORAL, FL. 33172	16 TALL
	INCORPOR ITOP	HAR -4 PH 4: 50 CRETARY OF STATE AHASSEE, FLORID
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	SS 1 promise
The <u>name and</u>	address of the Incorporator is:	
Name:	TIM BANKS	FLOF
Address:	141 MADGE DOWDLE DR.	ATE RIDA
	OTTO, NC. 28763	
	EFFECTIVE DATE:	(OPTIONAL)
Effective date, i (If an effective days after the i		cannot be more than five business days prior or 90 business
	te inserted in this block does not meet the appl effective date on the Department of State's rec	icable statutory filing requirements, this date will not be listed as ords.
		rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
	Seven)	1/27/16
<del>"</del>	Required Signature/Registered Ager	nt Date
	ocument and affirm that the facts stated here e Department of State constitutes a third degre	in are true. I am aware that the false information submitted in a effective felony as provided for in s.817.155, F.S.
		1/27/16
Dog	uired Signature/Incorporator	Date
r.eq	anca pignature/incorporator	Date