



State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Application for Certificate of Authority
FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: Nova Technologies An Employee Owned Engineering Company		
2. It is incorporated under the laws of: Delaware		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: February 14, 1997 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 429 S Tyndall Parkway, Ste S, Panama City, FL 32404		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED STAMP
 MAY 19 2020
 BY DJWIS

FORM 150 - Revised: 12/2017
 A.A. 11:50 AM

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

We will be performing work under NAICS Code 336413 - Other Aircraft Parts and Auxiliary Equipment Manufacturing. We will not be conducting professional engineering services.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
See attached list.	

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	See attached list.	
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
5,000,000	Common		.01
5,000,000	Preferred		.01

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

18.46 %

Officers

- 1.)
- | | | | | |
|--|--------------------|---------------------------|----------------------|--------------------------|
| Name
JAMES A. BLACK, III | | Title
PRESIDENT | | Date
2/14/1997 |
| Address
145 SAN BONITA BOULEVARD | | | | |
| City
HAVANA | State
FL | Zip
32333 | Country
US | |
- 2.)
- | | | | | |
|---|--------------------|---------------------------|----------------------|-------------------------|
| Name
RANDALL G. RUSHE | | Title
TREASURER | | Date
8/8/2008 |
| Address
136 POINTE OVERLOOK DRIVE | | | | |
| City
CHAPIN | State
SC | Zip
29036 | Country
US | |
- 3.)
- | | | | | |
|---|--------------------|---------------------------|----------------------|-------------------------|
| Name
DAVID L. CALLOWAY | | Title
SECRETARY | | Date
8/8/2008 |
| Address
3980 BREAKWATER DRIVE | | | | |
| City
OVIEDO | State
FL | Zip
32765 | Country
US | |
- 4.)
- | | | | | |
|--|--------------------|---------------------------------------|----------------------|-------------------------|
| Name
BARTON R. JOHNSON, II | | Title
SENIOR VICE PRESIDENT | | Date
8/8/2008 |
| Address
14519 RIVIERA POINTE DRIVE | | | | |
| City
ORLANDO | State
FL | Zip
32828 | Country
US | |
- 5.)
- | | | | | |
|---|--------------------|-------------------------------------|----------------------|--------------------------|
| Name
VICKI L. HAMMACK | | Title
SR AP/AR SPECIALIST | | Date
11/7/2004 |
| Address
719 PLANTATION CIRCLE | | | | |
| City
PANAMA CITY | State
FL | Zip
32404 | Country
US | |

Officers

6.)	Name Paden Woodruff		Title VICE PRESIDENT	Date 3/22/2019
Address 322 ANDERSON STREET				
City TALLAHASSEE		State FL	Zip 32303	Country US

7.)	Name SHERRY D. JONES		Title VICE PRESIDENT	Date 7/31/2009
Address 1817 2ND TERRACE				
City HATTIESBURG		State MS	Zip 39401	Country US

8.)	Name BRITTANY B. WOODRUFF		Title CHIEF OPERATING OFFICER	Date 5/1/2011
Address 322 ANDERSON STREET				
City TALLAHASSEE		State FL	Zip 32303	Country US

9.)	Name GLEN P. DEMOREST		Title VICE PRESIDENT	Date 6/7/2011
Address 1387 EAST RHETT BUTLER ROAD				
City CLARKSVILLE		State TN	Zip 37042	Country US

Directors

- 1.)
- | | | | |
|--------------------------------------|-------------|--------------------------|---------------|
| Name
RANDALL G. RUSHE | | Title
DIRECTOR | Date |
| Address
136 POINTE OVERLOOK DRIVE | | | |
| City
CHAPIN | State
SC | Zip
29036 | Country
US |
- 2.)
- | | | | |
|-------------------------------------|-------------|--------------------------|---------------|
| Name
JAMES A. BLACK, III | | Title
DIRECTOR | Date |
| Address
145 SAN BONITA BOULEVARD | | | |
| City
HAVANA | State
FL | Zip
32333 | Country
US |
- 3.)
- | | | | |
|----------------------------------|-------------|--------------------------|---------------|
| Name
DAVID L. CALLOWAY | | Title
DIRECTOR | Date |
| Address
3980 BREAKWATER DRIVE | | | |
| City
OVIEDO | State
FL | Zip
32765 | Country
US |
- 4.)
- | | | | |
|---------------------------------------|-------------|--------------------------|---------------|
| Name
BARTON R. JOHNSON, II | | Title
DIRECTOR | Date |
| Address
14519 RIVIERA POINTE DRIVE | | | |
| City
ORLANDO | State
FL | Zip
32828 | Country
US |
- 5.)
- | | | | |
|----------------------------------|-------------|-----------------------------------|--------------------------|
| Name
ALFRED THOMAS | | Title
DIRECTOR Emeritus | Date
8/29/2016 |
| Address
4002 SUNNYBROOK COURT | | | |
| City
ORLANDO | State
FL | Zip
32820 | Country
US |
- 6.)
- | | | | |
|--|-------------|--------------------------|--------------------------|
| Name
Glen P. Demorest | | Title
DIRECTOR | Date
8/29/2016 |
| Address
1387 EAST RHETT BUTLER ROAD | | | |
| City
CLARKSVILLE | State
TN | Zip
37042 | Country
US |

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer

Vicki L Hammack

Date

05/12/2020

Signature of Authorized Officer of the Corporation

Vicki L Hammack

SIGN DOCUMENT HERE

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVA TECHNOLOGIES AN EMPLOYEE OWNED ENGINEERING COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVA TECHNOLOGIES AN EMPLOYEE OWNED ENGINEERING COMPANY" WAS INCORPORATED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 1997.

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAY 19 AM 11:50




Jeffrey W. Bullock, Secretary of State

2705489 8300

SR# 20202367019

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

Authentication: 202654312

Date: 03-25-20



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 19, 2020 11:50 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

