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SECRETARY OF STATE
ALLAHASSEE FLORIDA

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COVER LETTER

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06 MAY 10 PM 4: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: AVRepair, Inc.				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
—	M			
570.00	\$78.75 Filing Fee	\$78.75	\$87.50	
Filing Fee	Filing Fee		Filing Fee,	
	& Certificate of Status	& Certified Copy		
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
	7	\/		
FROM:	Cameron L	ρογα		
FROM: Doyd Name (Printed or typed)				
1 <i>C</i>				
723 NE 412 Ave				
Address				
City, State & Zip				
352-542-4971 Daytime Telephone number				
Daytime Telephone number				

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

Articles of Incorporation

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Article I Name:

The name of the corporation shall be:

AVRepair, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Article II Principal Office

The principal place of business / mailing address is:

723 NE 412 Ave Old Town, FL 32680

Article III Purpose

The purpose for which the corporation is organized is:

To conduct any and all lawful business as set forth by God given rights, the Constitution of the United States of America and the Constitution of the State of Florida.

Article IV Shares

The number of shares of stock is:

100 shares of stock shall be issued, with no par value.

Article V

Not applicable

Article VI Registered Agent

The name and Florida street address of the registered agent is:

Cameron Boyd 723 NE 412 Ave Old Town, FL 32680

Article VII Incorporator

The name and address of the Incorporator is:

Cameron Boyd 723 NE 412 Ave Old Town, FL 32680

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Incorporation

Article VIII Effective Date

The effective date of this corporation shall be:

May 15st, 2006

Having been named as registered agent to accept service of process for the above corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

anus Topl

Signature / Registered Agent

Signature / Incorporator

5/9/06 Date 5/4/06

Date