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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

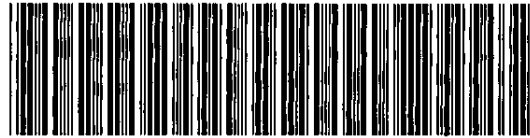
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12 AUG 20 AM 10:47

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J. Shivers AUG 21 2012

**COVER LETTER**

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

**SUBJECT: Aerial Aperture Inc**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Aerial Aperture Inc  
Name (Printed or typed)

7312 South Juanita St  
Address

Tampa, Fl 33616-2808  
City, State & Zip

813-839-2088  
Daytime Telephone number

Info@larrycuppett.com  
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE FLORIDA

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

**Aerial Aperture Inc**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7312 South Juanita St  
Tampa, Fl 33616-2808

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any activity or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Stephen Schiermann, President Name and Title: \_\_\_\_\_  
Address: 7312 South Juanita St Address: \_\_\_\_\_  
Tampa, Fl 33616-2808 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Stephen Schiermann  
Address: 7312 South Juanita St  
Tampa, Fl 33616-2808

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stephen Schiermann  
Address: 7312 South Juanita St  
Tampa, Fl 33616-2808

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TALLAHASSEE FLORIDA

Having been named as registered agent to accept service of process for the above stated 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

x   
\_\_\_\_\_  
Required Signature/Registered Agent

08-17-12  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

x   
\_\_\_\_\_  
Required Signature/Incorporator

08-17-12  
Date