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PICK-UP WAIT MAIL

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9/20/12*

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12 SEP 19 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SWEPT WING AVIANION INC

SUBJECT: _____
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$7.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM MICHAEL G KATZMANN
Name (Printed or typed)

3908 SW LEESBURG STREET
Address

PORT SAINT LUCIE FLORIDA 34953
City, State & Zip

954 494 4373 Daytime Telephone number

SWEPTWING@BELLSOUTH.NET (E-mail address for notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 611, F.S. (Part)

SWEPT WING AVIATION INC

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3908 SW LEESBURG STREET
PORT SAINT LUCIE FLORIDA 34953

Mailing address, if different is:

3908 SW LEESBURG STREET
PORT SAINT LUCIE FLORIDA
34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES 100

The number of shares of stock is

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL G KATZMANN
Address: 3908 SW LEESBURG STREET
PORT SAINT LUCIE FLORIDA 34953

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

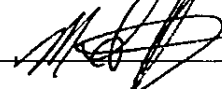
Name: MICHAEL G KATZMANN
Address: 3908 SW LEESBURG STREET
PORT SAINT LUCIE FLORIDA 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

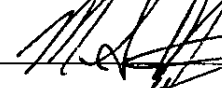
Name: MICHAEL G KATZMANN
Address: 3908 SW LEESBURG STREET
PORT SAINT LUCIE FLORIDA 34953

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


Required Signature/Registered Agent

9/17/2012

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.


Required Signature/Incorporator

9/17/12
Date

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TALLAHASSEE, FLORIDA