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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

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Account Name : EMPIRE CORPORATE KIT COMPANY
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Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
FLIGHT DESIGN AMERICAS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED

13 DEC -9 PM 4:05

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TALLAHASSEE, FLORIDA

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COVER LETTER

H13000269719

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

SUBJECT: Flight Design Americas, 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: Ariel Quiros

Name (Printed or typed)

111 N.E. 1st Street, 4th Floor

Address

Miami, Florida 33132

City, State & Zip

305-579-9082

Daytime Telephone number

a.quiros@att.net

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

ARTICLE I NAME

The name of the corporation shall be: Flight Design Americas, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

111 N.E. 1st Street

4th Floor

Miami, Florida 33132

Mailing address, if different is:

111 N.E. 1st Street

4th Floor

Miami, Florida 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All aspects of light aircraft assembly, light flight aircraft manufacturing,
and aircraft sales and services.

ARTICLE IV SHARES

The number of shares of stock is: 100,000 Shares no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ariel Quiros, President

Address: 111 N.E. 1st Street
4th Floor
Miami, Florida 33132

Name and Title: Ariel Quiros, Secretary

Address: 111 N.E. 1st Street
4th Floor
Miami, Florida 33132

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

(cont.)

H13000269719

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: Ariel Quiros
Address: 111 N.E. 1st Street, 4th Floor
Miami, Florida 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Aileen Rivero
Address: 111 N.E. 1st Street, 4th Floor
Miami, Florida 33132

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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

Ariel Quiros
Required Signature/Registered Agent

12-6-2013
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.

Aileen Rivero
Required Signature/Incorporator

12-6-2013
Date

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