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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
AERO ADMINISTRATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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84849

Handwritten initials and date: 11/24/14 ch

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

ARTICLE I NAME Aero Administration, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11501 Lakeside Drive - Suite 6312

Doral Florida 33178

ARTICLE III PURPOSE

All lawful business

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 1,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria A. Galera LaFerrere, President, Secretary Name and Title: _____

Address: 11501 Lakeside Dr. - Suite 6312 Address: _____
Doral Florida 33178

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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411.0000

(cont.)

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: George C. Bartocci

Address: 11501 Lakeside Drive - Suite 6312
Doral, FL 33178

11 NOV 21 PM 2:05
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: George C. Bartocci

Address: 11501 Lakeside Drive - Ste 6312 - Doral FL 33178

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 11/21/2014
 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.

↓ _____ ↓
 Required Signature/Incorporator 11/21/2014
 Date