Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RCA ACCOUNTING SERVICES CORP

Account Number : I20180000102 Phone : (305)406-3800 Fax Number : (305)406-3999

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 ESPARTACO AIR SERVICES CORP

Certificate of Status	0
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Page Count	01
Estimated Charge	\$70.00

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared REINALDO J GAITAN ROA, who after being firstly duly sworn, under oath, deposes and says:

- 1. The undersigned is the Vice President of ESPARTACO AIR SERVICES CORP, a Florida corporation to be filed with the Florida Department of State on or about 09/24/2019.
- The undersigned hereby consents to and authorizes the use by ESPARTACO AIR SERVICES CORP of the name ESPARTACO AIR SERVICES CORP. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA
)
COUNTY OF MIAMI-DADE)

Driver License: G 356-730-74-045-0

PERSONALLY appeared before me, REINALDO J GAITAN ROA, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 26 days of April, 20210.

Notary Public Signature

DAIANA AMADOR
State of Florida - Notary Public
Commission # HH 37 154
My Commission Expires Aug. 27, 2024

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

TICLE I NAME name of the corporat	ion shall be: ESPARTACO	AIR	Services	Copp
ICLE II <u>PRIN</u> C			- EDVICES	
	Principal street address		Mailing a	ddress, if different is:
liami, FL	1ST Street LN			
201010				
ICLE III PURPO purpose for which the	SSE the corporation is organized is:	w mad	all lander	husia
		7 4.00		-003177833
				
				-
				
				
Name and Title	REINALDO J. GAITAN	Roa Nami	e and Title:	
	President		<i>Ess</i> :	
	10851 NW 815T St			
	Miami FL 33178			
				
Name and Title:		Name	and Title:	
Address		Addr	ess:	
			<u>-</u> -	
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Name and Title:		Name	and Title:	·
Address		Addr	ess:	

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28 2021	1 06:46PM H	HP Fax 3054063999	page 4	H2 1000170447 3
	Name and	1 Title:	Name and Title:	
	Address		Address:	
			Address.	
				
			<u> </u>	
			•	
AR) The	TICLE VI I	REGISTERED AGENT Orida street address (P.O. Box No	OT acceptable) of the registered agen	
Nai		REINALDO J. G	A . T. A. 1 P. A	f 15:
Add	dress:	10851 N.W 815T	_	
		•		•
		HIANI FL 331	<u> 18</u>	
ART	ICLE VII	NCORPORATOR		
The	name and ad	dress of the Incorporator is:		
N	lame:	REINALDO J GI	AITAN ROA	
	Address:	10251 N.W 81	ST St. LN	
		Miami, Fl 3:		
AR7	ICLE VIII	EFFECTIVE DATE:		
(If a	n effective da	te is listed, the date must be spe	ecific and cannot be more than fiv	TONAL)
Note the d	if the date i locument's eff	nserted in this block does not me ective date on the Department of	et the applicable statutory filing req State's records.	uirements, this date will not be listed as
Havi certij	ing been name Acate, I am fai	d as registered agent to accept ser miliar with and accept the appoin	rvice of process for the above stated c timent as registered agent and agree	orporation at the place designated in this to act in this capacity
		. [1]		4/12/21
		Required Bignature/Regis	itered Agent	7/27/2)

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/Inextrporator

Date