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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

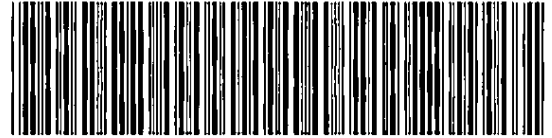
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 AUG 31 PM 3: 21

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2022 AUG 31 PM 12: 35
ALLIANCE

COVER LETTER

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

SUBJECT: JDE AVIATOR USA 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 \$78.75
Filing Fee Filing Fee
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CHARLES S SERFATY
Name (Printed or typed)

4770 BISCAYNE BLVD SUITE 1430
Address

MIAMI, FL 33137
City, State & Zip

305-722.8555
Daytime Telephone number

CSERFATY@SERFATYLAW.COM
E-mail address: (to be used for future annual report notification)

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

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: JDE AVIATOR USA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 709 FIFTH ST - MIAMI BEACH 33139
Mailing address, if different is: SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JACQUES ELALOUF Name and Title: _____
President, Treasurer, Secretary & Director

Address: 709 FIFTH ST- MIAMI BEACH 33139 Address: _____

Name and Title: LAURENT BENSOUSSAN Name and Title: _____
Vice-President & Director

Address: 709 FIFTH ST- MIAMI BEACH 33139 Address: _____

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: LAURENT BENSOUSSAN

Address: 709 FIFTH ST- MIAMI BEACH 33139

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAURENT BENSOUSSANT

Address: 709 FIFTH ST- MIAMI BEACH 33139

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

LD Bensoussan
Required Signature/Registered Agent

08/24/2022
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.

LD Bensoussan
Required Signature/Incorporator

08/24/2022
Date