



**COVER LETTER**

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

Anyway Aviation 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

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

Anyway Aviation Inc.

**FROM:** \_\_\_\_\_  
Name (Printed or typed)

9000 NE 120th street

Address

Okeechobee FL-34972

City, State & Zip

954-937-4133

Daytime Telephone number

anywayaviation1@gmail.com

E-mail address: (to be used for future annual report notification)

2024 APR -4 AM 9:47  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

**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: Anyway Aviation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9000 NE 120th street, Okeechobee FL-34972

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activity for which corporations may be organized under the Law of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcos R. Lorenzi / president Name and Title:

Address 2704 NW 48th street Address:

Tamarac FL-33309

Name and Title: Anyway Inc. / Director Name and Title:

Address 16192 Coastal Highway Address:

Lewes DE-19858

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: Health Wise Trainer

Address: 2704 NW 48th street

Tamarac FL-33309

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Marcos R. Lorenzi

Address: 2704 NW 48th street

Tamarac FL-33309

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/01/2024. (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.*

*Marcos R. Lorenzi*

Required Signature/Registered Agent

*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.*

*Marcos R. Lorenzi*

Required Signature/Incorporator

05/16/2024

Date

FILED  
2024 APR 19 AM 9:47  
STATE CLERK'S OFFICE  
DATE