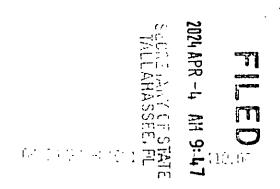
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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	—
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COVER LETTER

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

	Anyway Aviation Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
SUBJECT:						
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:	1		
□ \$70.00 Filing Fec	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL CO	DPY REQUIRED			
co At	Anyw	ay Aviation Inc.				
FROM:	Name (Printed or typed)					
	9000 NE 120th street					
	Address					
	Okeechobee FL-34972					
_	City, State & Zip			2024 		
	954-937-4133			2024 APR -4	77	
_	Daytime Telephone number					
	anywayaviation1@gmail.com					
	E-mail address: (to be use	ed for future annual report	notification)	ۻ	Ö	

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)

RTICLE I NAME ne name of the corporation	on shall be: Anyway Aviatio	on Inc.
RTICLE II PRINCI		Mailing address, if different is:
9000 NE 120	th street. Okeechobee FL-349	72
RTICLE III PURPOS	SE corporation is organized is:	
The nature of the b	ousiness or purposes to be	
•	oted is to engage in any	
	y for which corporationsunder the Law of the State	
of Florida.	aridor and Edit of the Otalo	
-		
ARTICLE IV SHARE.	<u>s</u>	
The number of shares of st	tock is: 100	
ADDICAL DE LA LANGUE AL	APPICEDE ANDAND DIDECTADE	
	OFFICERS AND/OR DIRECTORS	
Name and Title:	Marcos H.Lorenzi / presio	ent 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	
-		
No. 1 and 1		Name and Title
Name and Title:		Name and Title:
Address		Address:
•		

Name and Titl	e:	Name and Title:	
Address		Address:	
			
ARTICLE VI REGATION The name and Florida	<u>ISTERED AGENT</u> <u>1 street address</u> (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Health Wise Trainer		
Address:	2704 NW 48th street		
_	Tamarac FL-33309		
ARTICLE VII INCO	<u>ORPORATOR</u>		
The name and addres	s of the Incorporator is:		
Name:	Marcos R.Lorenzi		
Address:	2704 NW 48th street		
	Tamarac FL-33309		
(If an effective date is filing.)	r than the date of filing: 04/0 s listed, the date must be specific and ca	nnot be more than five days p	rior or 90 days after the
	ive date on the Department of State's recors	•	
Having been named as certificate, I am famili	s registered agent to accept service of proce iar with and accept the appointment as regi	ss for the above stated corporation stered agent and agree to act in	an at the place designated in this this capacity?
	Mans Rongo dage		05/16/2024
	Required Signature/Registered Agent		Date
I submit this document document to the Depart	nt and affirm that the facts stated herein rtment of State constitutes a third degree fe	are true. I am aware that the follony as provided for in s.817.15.	alse information submitted in a 5, F.S.
	Mary Rongon days		05/16/2024
Required Signature/In	corporator	Da	ale