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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
AVIATION ONE ONE CORP

RECEIVED
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Certificate of Status	0
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Corporate Filing Menu

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MAR - 9 2018

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COVER LETTER

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

SUBJECT: AVIATION ONE ONE CORP
(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

FROM: JORGE RAMIREZ
Name (Printed or typed)

8306 MILLS DR STE 641
Address

MIAMI FL 33183
City, State & Zip

786 444-6302
Daytime Telephone number

JORGE LUIZ 582 @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

Cust # 20922

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:

AVIATION ONE ONE CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

8306 MILLS DR STE G21
MIAMI FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUY AND SELL

AIRPLANE PARTS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

PRESIDENT

Name and Title: JORGE RAMIREZ -

Name and Title:

Address

8306 MILLS DR
STE G21
MIAMI FL 33183

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2018 MAR -8 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: JORGE RAMIREZ
 Address: 8306 MILLS DR STE 601
MIAMI FL 33183

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JORGE RAMIREZ
 Address: 8306 MILLS DR STE 601
MIAMI FL 33183

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 furnishing and accept the appointment as registered agent and agree to act in this capacity.

(X) _____
 Required Signature/Registered Agent

3/7/18
 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.

(Y) _____
 Required Signature/Incorporator

3/7/18
 Date