

12/26/2019

Division of Corporations

P19000094692

Florida Department of State
Division of Corporations
Neuro-Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : I20150000107
Phone : (941)625-1925
Fax Number : (941)625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gablecj72@gmail.com

SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC 26 PM 4:40

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FLORIDA PROFIT/NON PROFIT CORPORATION
Always Air Services Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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Dec 27, 2019

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: Always Air Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18260 Paulson Dr Unit A4
Port Charlotte, FL 33954

PO Box 7813
North Port, FL 34290

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Gable
Address: President
18260 Paulson Dr Unit A4
Port Charlotte, FL 33954

Name and Title: Jarred Ramsey
Address: Vice President
PO Box 7813
North Port, FL 34290

Name and Title: Carrie Gable
Address: Secretary
18260 Paulson Dr Unit A4
Port Charlotte, FL 33954

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

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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: John Gable
 Address: 18260 Paulson Dr Unit A4
Port Charlotte, FL 33954

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Gable
 Address: 18260 Paulson Dr Unit A4
Port Charlotte, FL 33954

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2020 . (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 must 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.


 Required Signature/Registered Agent

12/26/2019
 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.


 Required Signature/Incorporator

12/26/2019
 Date

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