

12/26/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
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# P19000094692

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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

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*Handwritten signature*

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 A4PO Box 7813Port Charlotte, FL 33954North 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: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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 GableAddress: 18260 Paulson Dr Unit A4Port Charlotte, FL 33954**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: John GableAddress: 18260 Paulson Dr Unit A4Port 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 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.*

\_\_\_\_\_  
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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