F18000005525

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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DEC 1 4 2018

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COVER LETTER

Division of Corporations	
SUBJECT: FLIGHT SOLUTIO	
DOCUMENT NUMBER: F1800000552	lame of Corporation 5
The enclosed Affidavit by Foreign Corporation submitted for filing.	on to Change/Add Officer(s) and/or Director(s) and fee are
Please return all correspondence concerning th	nis matter to the following:
SCOTT VILLANUEVA	
Name of Contact Person	
SCOTT VILLANUEVA	
Firm/Company	
1430 SOUTH DIXIE HIGHWAY S	UITE 313
Address	
CORAL GABLES, FL 33°	146
City/State and Zip Code	
svillanueva@sgvlaw.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter	, please call:
SCOTT VILLANUEVA	305 ₎ 579-6800
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florie	da Department of State for the following amount:
\$35.00 Filing Fee \$35.00 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$552.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(<u>Note: Applicable only</u>	during the first calendar year of qualification)
 The name of the foreign corporation FLIGHT SOLUTIONS, COR 	as it appears on the records of the Florida Department of State is: P.
2. This entity was authorized to transact number is F18000005525	business in Florida on 11/28/2018 and its Florida document
3. This corporation was formed under the	
4. The name and address of each officer	r and/or director is as follows:
Title: D (REMOVE DIRECTOR)	Name and Address SCOTT VILLANUEVA
	1430 SOUTH DIXIE HIGHWAY, SUITE 313
	CORAL GABLES, FL 33146
D (ADD DIRECTOR)	Guillermo Carabajal
	5360 NW 20th Terrace, Suite 201A
	Ft. Lauderdale, FL 33309
(Attach a	additional pages if necessary)
lost (DIRECTOR
Signature of an officer or director	Title of person signing
Typed or printed name of person signing	FILING FEE \$35
ryped or printed name or person signing	

Make checks payable to Florida Department of State and Mail to: Division of Corporations • PO Box 6327 • Tallahassee, FL 32314

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