

N14200005174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

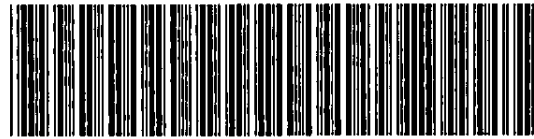
(Business Entity Name)

(Document Number)

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03/14/14--01007--010 **78.75

FILED
14 JUN -2 PM 3:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-17509

COVER LETTER

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

SUBJECT: **OMB Aviation Inc.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: **Carlos A. Orta**
Name (Printed or typed)

11741 SW 25 Ct.
Address

Miramar, Florida 33025
City, State & Zip

786-247-9270
Daytime Telephone number

CORTAMusic@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2014

CARLOS A. ORTA
11741 SW 25 CT.
MIRAMAR, FL 33025

SUBJECT: OMB AVIATION INC.
Ref. Number: W14000017509

RECEIVED
14 JUL -2 PM 12:20
TALLAHASSEE, FLORIDA

We have received your document for OMB AVIATION INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 714A00005900

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: OMB Aviation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Carlos A. Orta

Hugo Minaya

Mailing address, if different is:

11741 SW 25th Ct. Miramar, FI 33025

6840Pembroke Rd. Apt. 105 Miramar, FI 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is a non-profit organization that will allow the members to gain flight hours by flying the company's asset to gain experience. The membership fees will be collected to ensure the safe operation of the aircraft in a monthly bases. Only 4 members will be allow per aircraft to maximize the flight time of each member.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected ~~or~~ Appointed
Elected or Appointed ~~or~~ Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos A. Orta

Address: 11741 SW 25th Ct. Miramar, FI. 33025

Name and Title: Hugo Minaya

Address: 6840Pembroke Rd. Apt. 105 Miramar,
FI. 33024

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN -2 PM 3:32

FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Carlos A. Orta

Address: 11741 SW 25th Ct. Miramar, FL 33025

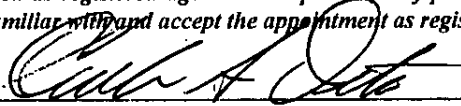
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carlos A. Orta

Address: 11741 SW 25th Ct. Miramar, FL 33025

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

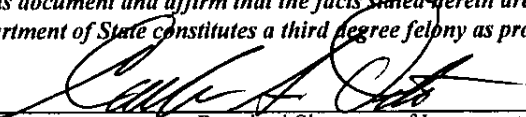


Required Signature of Registered Agent

02/21/14

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

02/21/14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN -2 PM 3:32