# P000000000000058

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

Re: Adams Aviation Services, ,Inc (Name of Corporation)

200003143612--2

Gentlemen:

-02/22/00--01093--006 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Paul J. Adams

(Individual's Name)

Adams Aviation Services, Inc.
(Name of Corporation)

MAILING ADDRESS OF CORPORATION -

Adams Aviation Services, Inc.

7780 S E Lucida Lane

Hobe Sound, PHONE 33455

(561) 220-2586

Area Code Number

O P

Ext.

## ARTICLES OF INCORPORATION

#### Adams Aviation Services, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: OF THE PARTY OF TH

#### ARTICLE I - CORPORATE NAME

The name of the corporation is:

Adams Aviation Services, Inc.

#### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

#### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV - CAPITAL STOCK

shares of common stock, par value \$ 1.00 per share. The corporation is authorized to issue \_\_\_

#### ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS 7780 S E Lucida Lan		matification and the community of the contract
CITY Hobe Sound	FLORIDA	ZIP 33455
Mailing address, if different		
STREET ADDRESS		
SAme as above	ni a della eserce della distribita di di di distribita di	
CITY	FLORIDA	ZIP

#### ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Judy	D.	Boyd		and contact the same of the sa
ADDRESS	7780	S	E Lucida Lane		
CITY Hob	oe Sound			FLORIDA	<sup>ZIP</sup> 33455

### ARTICLE VII - INITIAL BOARD OF DIRECTORS

	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
The Commence of the Commence o	2000 with his on the court of the control of the co
STATE Florida	ZIP 33455
	· · · · · · · · · · · · · · · · · · ·
The state of the s	A Children of the Land of the Control of the Land of t
STATE	ZIP
See and a second	
STATE	ZIP
ese Afficies of incorporation are as ton	
	Annaher Manggebiasa militakrevsom veriðinda, landiliga ann - sakar figa allendi
STATE Florida	ZIP 33455_
1 total:	
the state of the s	Halle State Control of the State of the Stat
STATE	ZIP
1	
THE PLANT AND THE PARTY OF THE	And the second s
STATE	ZIP
se Articles of Incorporation this	17th
<del>18</del> 2000	
$\sim 10.$	Control of the second of the s
Taul Lidame	(Signature)
Paul J. Adams	
Paul J. Adams	(Signature)
	STATE  STATE  VIII - INCORPORATORS  ese Articles of Incorporation are as foll  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE

SEMINOLE-MIAMI (2-98)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

ADams Aviation Services, Inc.	
(name of corporation)	
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:	
The above corporation, organized under the laws of the State of Florida with its registered office	
as indicated in the Articles of Incorporation	
at 7780 S E Lucida Lane	
Hobe Sound, Florida 33455	
has named Judy D. Boyd Zer m	
located at the aforesaid address, as its registered agent to accept service of process within this	- 1
state.	
	T
FIGURE COST	フ
O5	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Judy D. Boyd

(Signature)

Signature)

(Date)