

PO0000036063
TRANSMITTAL LETTER

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

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-04/05/00--01095--012
*****87.50 *****87.50

SUBJECT: AIR TRAFFIC INFORMATION SERVICE, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: EDMUND M. STRONG
Name (Printed or typed)

13068 LAKE MEADOW DRIVE
Address

FT. MYERS, FL 33913-6918
City, State & Zip

(941) 225-0278 FAX: (941) 433-1290
Daytime Telephone number

FILED
90 APR -5 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4-10
WOC

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:

AIR TRAFFIC INFORMATION SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13060 LAKE MEADOW DRIVE
FT. MYERS, FL 33913-6918

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ALL LEGAL ACTIVITIES ASSOCIATED
WITH THE CORPORATION WHOSE MAIN PURPOSE IS CONSULTING
IN AIRCRAFT ACCIDENT INVESTIGATION.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

EDMUND M. STRONG
13060 LAKE MEADOW DRIVE
FT. MYERS, FL 33913-6918

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

EDMUND M. STRONG
13060 LAKE MEADOW DRIVE
FT. MYERS, FL 33913-6918

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDMUND M. STRONG
13060 LAKE MEADOW DRIVE
FT. MYERS, FL 33913-6918

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED
00 APR -5 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA