

TRANSMITTAL LETTER

P000000064016

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

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-06/29/00--01067--001
*****87.50 *****87.50

SUBJECT: AVIACON, 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: Ralph Cox
Name (Printed or typed)
963 Hart Pl
Address
Melbourne FL 32940
City, State & Zip
321 254-4368
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN 29 PM 4:15

FILED

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

T. Burch JUL 3 - 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

AVIACON, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

963 HART PLACE
MELBOURNE, FL 32940

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

~~AVIACON, INC.~~
RALPH COX 963 HART PLACE MELBOURNE, FL
32940

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

~~Ralph Cox~~
RALPH COX
963 HART PL
MELBOURNE, FL 32940

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA