

P00000071930

10211 PINES BLVD  
SUITE # 109  
PEMBROKE PINES, FL 33026

City/State/Zip

Phone #

300003335313--4

-07/25/00--01065--002

\*\*\*\*\*70.00 \*\*\*\*\*70.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

00 JUL 25 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

7/28

Examiner's Initials

gk

**ARTICLES OF INCORPORATION**  
**OF**

**TRADEWINDS INTERNATIONAL AIRLINES, INC.**

The undersigned incorporator(s), for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:  
**TRADEWINDS INTERNATIONAL AIRLINES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
10211 PINES BLVD  
SUITE # 109  
PEMBROKE PINES, FL 33026

**ARTICLE III CAPITAL STOCK**

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

100

**ARTICLE IV INITIAL REGISTERED AGENT**

The name and address of the initial registered agent is:

JOSEPH DIEZ  
10211 PINES BLVD  
SUITE # 109  
PEMBROKE PINES, FL 33026

00 JUL 25 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE V – INCORPORATORS**

The names and address of the person(s) signed these Articles of Incorporation are as follows:

Name: JOSEPH DIEZ

Address: 10211 PINES BLVD SUITE # 109

City: PEMBROKE PINES

State: FL

Zip: 33026

Name:

Address:

City:

State:

Zip:

Name:

Address:

City:

State:

Zip:

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 20 day JUNE of, 2000.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Seal)  
(Seal)  
(Seal)

STATE OF FLORIDA) SS  
COUNTY OF BROWARD)

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared  
**JOSEPH DIEZ**

Known to me and known to the be person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before that HE executed these Articles Of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 20 day of JULY, 2000.

\_\_\_\_\_  
(Notary Public, State of Florida at large)

(Notary Seal)

My Commission expires: APRIL 26, 2002



**B. Officers:**

**President: JOSEPH DIEZ**

**Address: 10211 PINES BLVD SUITE # 109  
PEMBROKE PINES, FL 33026**

**Vice President:**

**Address:**

**Secretary: JOSEPH DIEZ**

**Address: 10211 PINES BLVD SUITE # 109  
PEMBROKE PINES, FL 33026**

**Treasurer:**

**Address:**

**(If needed, you may attach an addendum to the application listing additional officers and/or directors.)**

**Name and Street address of Florida registered agent:**

**Name: JOSEPH DIEZ**

**Office Address: 10211 PINES BLVD SUITE # 109**

**City: PEMBROKE PINES**

**State: FL**

**Zip: 33026**

**Registered agent's acceptance:**

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

**Registered agent's signature:**

**Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department Of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

**(Signature of Chairman, Vice Chairman, or any officer listed in application)**

**JOSEPH DIEZ, PRESIDENT**

**(Name and capacity of person signing application)**

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICER**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: **TRADEWINDS INTERNATIONAL AIRLINES, INC.**

2. The name and address of the registered agent and office is:

**JOSEPH DIEZ**

(Name)

**10211 PINES BLVD SUITE #109**

**PEMBROKE PINES, FL 33026**

(Zip)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**PRESIDENT**

Date: July 20, 2000 \_\_\_\_\_

Having been named as registered agent and to accept service of process for the above state 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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: \_\_\_\_\_

Date: July 20, 2000 \_\_\_\_\_

**REGISTERED AGENT FILING FEE: \$35.00**