

Division of Corporations

Page 1 of 1

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : MASTRIANA & CHRISTIANSEN, P.A.
Account Number : I19990000141
Phone : (954) 566-1234
Fax Number : (954) 566-1592

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00 SEP 20 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Aircraft Interiors Consultants, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF INCORPORATION

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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:

Aircraft Interiors Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
c/o 1500 N. Federal Highway, Ste. 201
Ft. Lauderdale, Florida 33304

ARTICLE III SHARES

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

1000 shares at \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

F. Ronald Mastriana
1500 N. Federal Highway, Ste. 200
Ft. Lauderdale, Florida 33304

ARTICLE V INCORPORATOR

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

F. Ronald Mastriana
1500 N. Federal Highway, Ste. 200
Ft. Lauderdale, Florida 33304

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TALLAHASSEE, FLORIDA



Signature/Incorporator

9.20.00

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

9.20.00

Date