

TRANSMITTAL LETTER

P00000099736

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

RECEIVED
OCT 23 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

Airline Investment Group, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003435474--2
-10/23/00--01095--019
*****70.00 *****70.00

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:

Jodi Spaniak

Name (Printed or typed)

10693 Wiles Rd #228

Address

Coval Springs, FL 33076

City, State & Zip

954 - 227 - 1507

Daytime Telephone number

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

10-24

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:

Airline Investment Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3704 NW 82nd Avenue
Coral Springs, FL 33065

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:

Jodi Spaniak
10693 Wiles Road, #228
Coral Springs, FL 33076

ARTICLE V INCORPORATOR

Jodi Spaniak
10693 Wiles Road, #228
Coral Springs, FL 33076


Signature/Incorporator

10/17/00
Date

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

10/19/00
Date

FILED
00 OCT 23 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA