

Sent By: ;  
To: CORPORATIONS

At: 18509224001

0000000;

Mar-30-01 5:34PM;

Page 1

Division of Corporations

Page 1 of 1

P010000032974

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H01000032419 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : DAVID TORCHIN, C.P.A., P.A.  
Account Number : I19990000007  
Phone : (954) 472-3124  
Fax Number : (954) 472-0067

FLORIDA PROFIT CORPORATION OR P.A.

Aerojet Aircraft Sales, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

FILED  
01 APR -2 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

FAX AUDIT NUMBER: H01000032419 3**ARTICLES OF INCORPORATION**  
**OF****Aerojet Aircraft Sales, Inc.**

The undersigned incorporator(s), for the purpose 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:

**Aerojet Aircraft Sales, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

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

Principal Place of Business:

Mailing Address:

**18311 S.W. 6th Street  
Pembroke Pines, FL 33029**

**18311 S.W. 6th Street  
Pembroke Pines, FL 33029**

Phone Number: **954-442-7196**

**ARTICLE III CAPITAL STOCK**

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

**One Thousand Shares (1000.) at One Dollar (\$1.00) par value per share.**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**David Torchin, C.P.A.  
8211 West Broward Blvd., Suite 200  
Plantation, FL 33324-2726**

**Prepared By:  
David Torchin, C.P.A., P.A.  
8211 West Broward Blvd., Suite 200  
Plantation, FL 33324-2726  
Phone: (954) 472-3124  
Fax: (954) 472-0067**

FAX AUDIT NUMBER:

H01000032419 3

**FILED**  
**01 APR -2 AM 10:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

FAX AUDIT NUMBER:

H 0100003249 3**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporators to these Articles of incorporation and the office each shall hold is(are):

**President**

Adalberto Lares  
18311 S.W. 6th Street  
Pembroke Pines, FL 33029

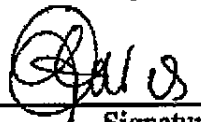
**Vice President**

Joanne Genovese Lares  
18311 S.W. 6th Street  
Pembroke Pines, FL 33029

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 30 day of March, 2001.



Signature



Signature

**Prepared By:**

David Torchin, C.P.A., P.A.  
8211 West Broward Blvd., Suite 200  
Pembroke Pines, FL 33029-2120  
Phone: (954) 472-3124  
Fax: (954) 472-0067

FAX AUDIT NUMBER:

H 0100003249 3

FAX AUDIT NUMBER: H 01000032419 3

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:

**Aerojet Aircraft Sales, Inc.**

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

**David Torchin, C.P.A.**  
**8211 West Broward Blvd., Suite 200**  
**Plantation, FL 33324-2726**

**FILED**  
**01 APR -2 AM 10:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

03/30/01

Date

**Prepared By:**  
**David Torchin, C.P.A., P.A.**  
**8211 West Broward Blvd., Suite 200**  
**Plantation, FL 33324-2726**  
**Phone: (954) 472-3124**  
**Fax: (954) 472-0067**

FAX AUDIT NUMBER: H 01000032419 3