## TRANSMITTAL LETTER PORTUGENI OF State

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

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SUBJECT:	AVIATION BUS			
	(FROI OBED CORI ORA)	IE MAME – <u>MOSI, INCL</u>	ODE SUFFIX)	v na ⊋s
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Enclosed is an origina	al and one(1) copy of the article	es of incorporation and	a check for:	1
\$70.00 Filing Fee	\$\times \\$78.75\$ Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
	,	ADDITIONAL CO	OPY REQUIRED	
FROM:		にんそ S inted or typed)		
		+ STREET #	600	
	MIAMI F City, S 305 374	-L 33132 State & Zip 1498	SECRETARY OF STALLAHASSEE, FI	FILED
	Daytime Te	lephone number	STATE STATE	ን 3 3

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

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	vith Chapter 607 and/o				
ARTICLE I	corporation shall be:		, · · ·	was — · ·	•
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ARTICLE II	PRINCIPAL OF			± 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	٠.
The principal pl	ace of business/mailin	ng address is:			7717
	261 NE	Ist STREET,	S-600, M	(AMI), PC	
ARTICLE III	PURPOSE				
The purpose for	r which the corporation	on is organized is:			+
To air	d f provide	e SErvices	to the avi	ation indus	ilry
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ARTICLE IV	SHARES shares of stock is:	200	e e e <u>e e</u> e e e e e e e e e e e e e e	2 * * *	ter tall
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ARTICLE V The name(s) ar		<u> LERS/DIRECTOR</u>	<u> J (Optional)</u>		<u> </u>
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ARTICLE VI					3
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ARTICLE VI The name and  ***********************************	I INCORPORA  address of the Incorp  en, S Torres	ATOR  porator is:  S-(00 m  **********************************	; an;   F  **********************************	33137 **********************************	****
ARTICLE VI The name and  ***********************************	I INCORPORA  address of the Incorp	ATOR  porator is:  S  S  S  S  S  S  S  S  S  S  S  S  S	**************************************	33137 **********************************	********

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