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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

native air tours, inc.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 15 PM 2:46

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CERTIFICATE OF INCORPORATION
OF

NATIVE AIR TOURS, INC.

FIRST: The name of the corporation is: NATIVE AIR TOURS, INC.

SECOND: The principal office of the corporation is:

1515 UNIVERSITY DR STE 204B
CORAL SPRINGS, FL. 33071

THIRD: The nature of the business and objects and purposes proposed to be transacted, promoted and carried on are to do any and all things herein mentioned, as fully and to the same extent as natural persons might of could do, and in any part of the world, viz

" The purpose of the corporation is to engage in any lawful act or activity for which the corporation may be organized under the General Corporation Law of the Florida."

FOURTH: The Corporation shall have the authority to issue one hundred (100) shares of Common Stock, each share to have No Par Value. The shares may be issued for the consideration expressed in dollars as may be fixed from time to time by the Board of Directors.

FIFTH: The name and address of the sole incorporator of the corporation is as follows:

ARTHUR A. SOLOMON
112348 SW 1ST STREET
CORAL SPRINGS FL 33071

SIXTH: The name and address of the Designated Resident Agent of the Corporation is :

ARTHUR A. SOLOMON
12348 SW 1ST STREET
CORAL SPRINGS FL 33071



ARTHUR A. SOLOMON, Sole Incorporator

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TALLAHASSEE, FLORIDA

Certificate prepared by: HOWARD R. SCHWARTZ, C.P.A. 1515 University Drive, Suite 109,
Coral Springs, Florida 33071

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**CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED**

In pursuance of Chapter 607.34, Florida Statutes, the following is submitted in compliance
therewith:

FIRST: that **NATIVE AIR TOURS, INC.** desiring to organize under the laws of the State of
Florida, with the principal office, as indicated in the Articles of Incorporation, and located in
Broward County, Florida, at:

**1515 UNIVERSITY DRIVE STE 204B
CORAL SPRINGS FL 33071**

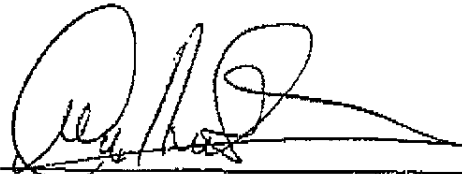
Has named

**ARTHUR A. SOLOMON
12348 SW 1ST STREET
CORAL SPRINGS FL 33071**

As its agent to accept service of process within this state.

SECOND: ACKNOWLEDGMENT (Must be signed by designated Agent).

Having been named to accept service of process for the above named corporation, at the place
designated in this Certificate, I here by accept to act in this capacity, and agree to comply with the
provisions of said Act relative to keeping open said office.



ARTHUR A. SOLOMON, Resident Agent

This Certificate Designating Resident Agent prepared by:

**HOWARD R. SCHWARTZ, C.P.A.
1515 University Drive, Suite 109
Coral Springs, Florida 33071**

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