

# P020000076928

## TRANSMITTAL LETTER

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

7000006406677--5  
-07/15/02--01065--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: RAS A/C MX CONSULTANT INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Robert Simo  
Name (Printed or typed)

19688 E. COUNTRY CLUB DR  
Address

AVENTURA, FL. 33180  
City, State & Zip

(954) 695-3932  
Daytime Telephone number

FILED  
02 JUL 15 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

nc 7/16 (2)

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **RAS A/CMX CONSULTANT, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: **19688 E COUNTRY CLUB DR  
AVENTURA, FL, 33180**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**AIRCRAFT MAINT CONSULTANT.**

**ARTICLE IV SHARES**

The number of shares of stock is: **1,000  
ONE THOUSAND SHARES OF COMMON  
STOCK**

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):  
**Robert Simo Pres/Sec/DIR/tres.  
19688 E Country Club DR  
Aventura FL 33180**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
**Robert Simo  
19688 E Country Club DR  
Aventura FL 33180**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
**Robert Simo  
19688 E. Country Club DR  
Aventura FL 33180**

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\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

**7/01/02**  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

**7/01/02**  
\_\_\_\_\_  
Date