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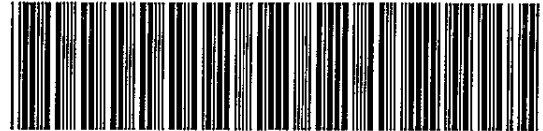
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TRANSMITTAL LETTER

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

SUBJECT: AERIAL REPAIR, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: CYNTHIA SCOTHORN
Name (Printed or typed)

256 NE 12TH STREET
Address

DELRAY BEACH, FL 33444
City, State & Zip

954-270-2422
Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

AERIAL REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

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

256 NE 12TH STREET
DELRAY BEACH, FL 33444

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CYNTHIA SCOTHORN
256 NE 12TH STREET
DELRAY BEACH, FL 33444

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

CYNTHIA SCOTHORN
256 NE 12TH STREET
DELRAY BEACH, FL 33444

ARTICLE VI EFFECTIVE DATE

The effective date of incorporation shall be January 1, 2003

Cynthia Scothorn
Signature/Incorporator

12-9-02
Date

(An additional article must be added if an effective date is requested.)

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

Cynthia Scothorn
Signature/Registered Agent

12-9-02
Date