

PO300023882

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☐ PICK-UP

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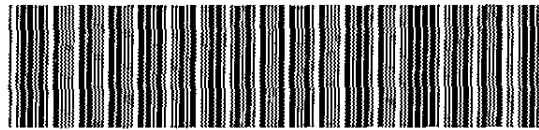
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Special Instructions to Filing Officer:

Office Use Only

RECEIVED
03 FEB 27 AM 11:00
DIVISION OF CORPORATION



500012856545

02/27/03--01041--003 **333.75

03 FEB 27 AM 9:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AVIOREP, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION
OF
AVIOREP, 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 this corporation shall be: AVIOREP, INC.

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TALLAHASSEE FLORIDA

ARTICLE II
PRINCIPAL OFFICE

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

2782 NW 79th AVENUE
MIAMI, FL. 33122

ARTICLE III
CAPITAL STOCK

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

100 shares at \$1.00 par value

**ARTICLE IV
OFFICERS OF CORPORATION**

**VANDERLEI DIAS -PRESIDENT, VICE PRESIDENT, DIRECTOR
TREASURER, SECRETARY**

**ARTICLE V
REGISTERED AGENT AND ADDRESS**

The name and address of the initial Registered Agent is:

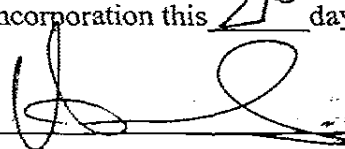
**VANDERLEI DIAS
2782 NW 79TH AVENUE
MIAMI, FL. 33122**

**ARTICLE VI
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

VANDERLEI DIAS

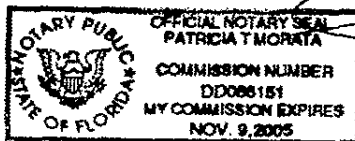
The undersigned has (have) executed these Articles of Incorporation this 21st day of February 2003.

x 

STATE OF FLORIDA
COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the Court aforesaid, to take acknowledgments, personally appeared Vanderlei Dias, to me known to be the person(s) described in and who executed the foregoing instrument or have produced a Driver's License as identification and who did take an oath and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid the 25th day of February, 2003.



Patricia Morata
NOTARY PUBLIC,
State of Florida at Large
Patricia Morata
(Print Name)
My Commission Expires:
11-9-2005

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

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office/registered agent in the State of Florida.

1. The name of the corporation is: AVIOREP, INC.

2. The name and address of the Registered Agent and office is:

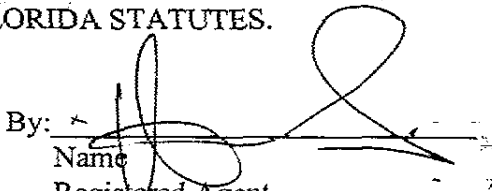
VANDERLEI DIAS
2782 NW 79th Avenue
Miami, Fl. 33122



Name
Registered Agent

Date:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

By: 

Name
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE FLORIDA