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(D _e	augustoria Nama)		
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
	,		
Special Instructions to	Filing Officer:	**	
Opecial manuscions to 1 ming Officer.			

Office Use Only



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TALLAHASSEE BY 18 18

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TRANSMITTAL LETTER

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

SUBJECT:	Ve Uhta,	Auration -	-hc.	
	(PROPOSED CORPORA)	IE NAME – <u>MOSI INCL</u>	ODE SUFFIX	
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Ness G. C.	Printed or typed)		
P.O. Box 182 Address				
	Roseland, Flor	1 0g 3295 State & Zip	7-0182	
	772-388 Daytime T	R - 8331 elephone number		

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 20, 2004

NEFF G DEE PO BOX 182 ROSELAND, FL 32957-0182

SUBJECT: DESHEA AVIATION INC.

Ref. Number: W04000002430

We have received your document for DESHEA AVIATION INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6919.

Beth Register
Document Specialist Supervisor
New Filings Section

Letter Number: 704A00003397

ARTICLE I NAME	FILED
The name of the corporation shall be:	04 JAN 29 PM 4: 18
DeShea Aviation Inc.	SECRETANT OF CLATE
ARTICLE II PRINCIPAL OFFICE	TALLAHASSEE, FLORIDA
The principal place of business/mailing address is: 500 Auport Drive West	mailing address
Schartian Floring 32958	P.O. Box 182
Sebartian, Florida 32958 ARTICLE III PURPOSE 772-388-8331	Roseland, FL. 32957-018
The purpose for which the corporation is organized is: Figure 2 Instruction - Maintenan	ce , Aqual
The purpose for which the corporation is organized is: F(ight/Groun & Instruction - Maintenan A wich A Rental + Storage Aerial Tours +	sightspeing photography
ARTICLE IV SHARES	
The number of shares of stock is: / O, ODO	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	!
List name(s), address(es) and specific title(s):	
Michelle R. Dee 6206 S. River Run Drive Vice - Pr	
(21 Na. C-1	772-581-1085
Sebartian, Florida 32958	
The name and Florida street address, of the registered agent is:	
The name and Florida street address of the registered agent is: I hereby am fam liai with and accept	at the duties and
nesponsibilities of Registeral Agent	phonett ?
Nessons silities of Registeral Agent Nessons College R. Dr. Blog. C-1 Sebastia ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	1, Fla. 32958 172-581-1085
Ness G. Dee 6206 S. River Run Drive Bldg. G.I. tr 10 779 58 14	hone#112-581-1085
BLG. 51. tr 10 779 58 14	ork-172-388-8331
· • • • • • • • • • • • • • • • • • • •	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Having been named as registered agent to accept service of process for the above s certificate, I am familiar with and accept the appointment as registered agent and ag	
Wd 1911 01	Jan 73th 2004
Signature/Registered Agent	Jan-23 , 2004
MM Do	Jan. 5, 2004
Signature/Incorporator	Date

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