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SECRETARY SESSIATE

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# TRANSMITTAL LETTER

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

SUBJECT:	C & W AVIATION INC.			
·	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	* . *	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy		
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	GARY WILSON			
11(0),1.	Name	(Printed or typed)		
	12509 FAIRWINDS ROAD			
-		Address		
	HUDSON FLORIDA 34669	9		
	City	, State & Zip		
	1-727-857-0176			
-	Daytime 1	Telephone number		

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

# 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:

C & W AVIATION INC.

### PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 17330 SPRINGHILL DRIVE

SPRINGHILL FLORIDA 34604

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

SMALL AIRCRAFT REPAIR

### ARTICLE IV SHARES

The number of shares of stock is:

TEN

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

GARY WILSON 12509 FAIRWINDS RD HUDSON FLORIDA 34669 (OWNER)

MILTON CAGLE 8138 FIESTA STREET BROOKSVILLE FLORIDA 34613 (OWNER)

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

GARY WILSON 12509 FAIRWINDS RD HUDSON FLORIDA 34669

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

GARY WILSON 12509 FAIRWINDS RD HUDSON FLORIDA 34669

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 10-26-04 Date 10-26-04 Date GARY WILSON