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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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ALL ABASSES FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: _	Flight	Tech	Suppor	+, Inc.		
	J	(Proj	posed corporate na	me - 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

ADDITIONAL COPY REQUIRED

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

FILED

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corp following Articles of Incorporation.	poration under	
ARTICLE I NAME The name of the corporation shall be:	.	SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLIGHT TECH SUPPORT, INC.

ARTICLE II PRINCIPAL OFFICE

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

4230 SW 101 AVE MIAMI, FL 33165

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

10,000 Common Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:

ELPIDIO SOSA 4230 SW 101 AVE MIAMI, FL 33165

ARTICLE V INCORPORATOR

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

PRESIDENT: ELPIDIO SOSA 4230 SW 101 AVE MIAMI, FL 33165

VICE-PRESIDENT: MANUEL R. FERNANDEZ 4230 SW 101 AVE MIAMI, FL 33165

Signature/Incorporator 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.

Signature/Régistered Agent Date