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FILED  
05 MAY -9 AM 8:53  
TALLAHASSEE, FLORIDA

8 MAY 12 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** DART Aviation Services, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Paul Nemeth

Name (Printed or typed)

7374 Wescott Terrace

Address

Lake Worth, FL 33467

City, State & Zip

561-317-7323

Daytime 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:

DART Aviation Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7374 Wescott Terrace  
Lake Worth, FL 33467

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all business

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paul Nemeth Director  
Julie Nemeth Director

### ARTICLE VI REGISTERED AGENT

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

Paul Nemeth  
7374 Wescott Terrace  
Lake Worth, FL 33467

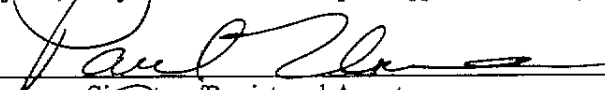
### ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

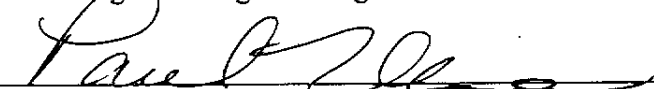
Paul Nemeth  
7374 Wescott Terrace  
Lake Worth, FL 33467

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*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.*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

FILED  
05 MAY -9 AM 8:53  
STATE OF FLORIDA  
TALLAHASSEE, FL 32304