

POS000090877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

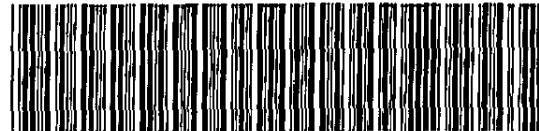
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/20/05--01010--022 **87.50

RECEIVED
AND
FILED
JUL 10 2005
JUL 10 2005
JUL 10 2005

05-30162

TRANSMITTAL LETTER

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

SUBJECT: BLACK ARROW AVIATION 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: BLACK ARROW AVIATION INC

Name (Printed or typed)

P.O. BOX 971

Address

CHIPLEY, FLORIDA 32428

City, State & Zip

(850)638-8886

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 20, 2005

JAMES ALLEN CLARK
PO BOX 971
CHIPLEY, FL 32428

SUBJECT: STRAIGHT ARROW AVIATION INC
Ref. Number: W05000030162

We have received your document for STRAIGHT ARROW AVIATION INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must list the corporation's principal office and/or a mailing address in the document.

Please list the street address of each officer/director.

List the address for the incorporator in Article VII.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filings Section

Letter Number: 005A0004

RECEIVED
05 JUN 24 AM 11:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

BLACK ARROW AVIATION INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BOX 971 CHIPLEY, FLORIDA 32428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES ALLEN CLARK 1645 PEEL RD CHIPLEY, FLORIDA 32428

ARTICLE VI REGISTERED AGENT

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

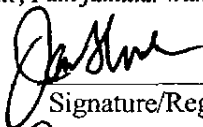
JAMES ALLEN CLARK 1645 PEEL RD CHIPLEY, FLORIDA 32428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES ALLEN CLARK 1645 PEEL RD CHIPLEY, FLORIDA 32428

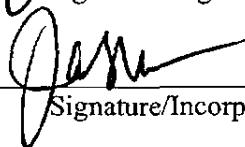
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6-22-05

Date



Signature/Incorporator

6-22-05

Date

APPROVED
AND
FILED

05 JUN 24 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA