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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

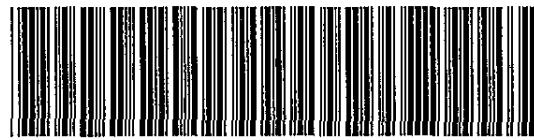
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CB 9-7

TRANSMITTAL LETTER

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

SUBJECT: AVIATION ASSISTANCE INTERNATIONAL, 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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____
DON HANSEL
Name (Printed or typed)

1590 S.W. 8TH TERRACE
Address

WILLISTON, FL 32696
City, State & Zip

325-529-0168
Daytime Telephone number

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

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ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AVIATION ASSISTANCE INTERNATIONAL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1590 S.W. 8TH TERRACE
WILLISTON, FL 32696

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AVIATION COMPONENT SALES

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):

DON HANSEL (PRESIDENT, TREASURER, SECRETARY)
1590 S.W. 8TH TERRACE
WILLISTON, FL 32696

ARTICLE VI REGISTERED AGENT

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

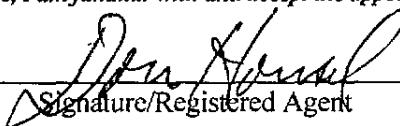
DON HANSEL
1590 S.W. 8TH TERRACE
WILLISTON, FL 32696

ARTICLE VII INCORPORATOR

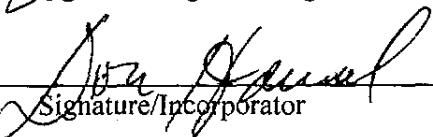
The name and address of the incorporator is:

DON HANSEL
1590 S.W. 8TH TERRACE
WILLISTON, FL 32696

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

8/28/2005
Date


Signature/Incorporator

8/28/2005
Date