

PD5000138090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

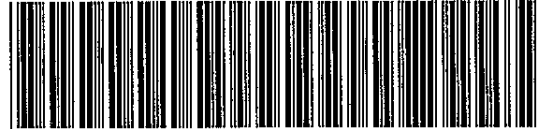
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/11/05  
BWK

## COVER LETTER

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

SUBJECT: LHERY 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  
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: LHERISSON JEUDY  
Name (Printed or typed)

1255 ROSLYN AVE NW  
Address

PALM BAY, FL 32905  
City, State & Zip

561-  
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:

LHERY AVIATION SERVICES INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1255 ROSLYN AVENUE NW  
PALM BAY, FL 32905

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AVIATION MAINTENANCE

## 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):

LHERISSON JEUDY, PRESIDENT/ SECRETARY  
1255 ROSLYN AVENUE NW  
PALM BAY, FL 32905

## ARTICLE VI REGISTERED AGENT

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

LHERISSON JEUDY  
1255 ROSLYN AVENUE NW  
PALM BAY, FL 32905


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

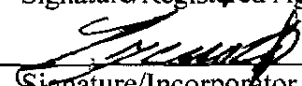
LHERISSON JEUDY  
1255 ROSLYN AVENUE NW  
PALM BAY, FL 32905

\*\*\*\*\*

*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

10/6/05  
\_\_\_\_\_  
Date

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

10/6/05  
\_\_\_\_\_  
Date

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05 OCT 10 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA