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COVER LETTER

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

SUBJECT: MARSH	HALIN CORPORATION			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Name (Printed or typed)			
	10887 NW 7 ST # 14 Address			
	MIAMI , FLORIDA 33172	, State & Zip		
	305- 226-3407	Celephone 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:

MARSHALIN CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 10887 NW 7 ST # 14, MIAMI FLORIDA 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE AVIATION SUPPORT AND CONSULTATION

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): LINDA D TILLETT, PRESIDENT, SECRETARY, TREASURER EDWIN MARCIAL PROANO, VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: LINDA D TILLETT

10887 NW 7 ST # 14 MIAMI FL 33172

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: LINDA D TILLETT

10887 NW 7 ST # 14

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

Signature/Incorporator

8/1/08

Date

OR AUG -4 AH 5: 1