

P08000082487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

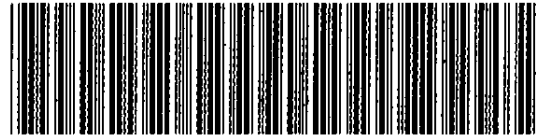
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/08/08--01004--004 \*\*35.00

08/11/08--01055--002 \*\*52.50

FILED  
2008 SEP - 8 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.F. 9-8

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Spectrum Aviation Maintenance Solutions Inc.

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stanley Hutson

(Name of Contact Person)

Spectrum Aviation Maintenance Solutions Inc.

(Firm/ Company)

1020 W Cypress Creek Rd Hangar #16

(Address)

Ft Lauderdale Fl. 33309.

(City/ State and Zip Code)

For further information concerning this matter, please call:

Stanley Hutson

(Name of Contact Person)

at ( 954 ) 376-0472

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2008

SPECTRUM AVIATION MAINTENANCE SOLUTIONS INC. 2ND MAIL  
3214 NW 84 AVE., APT. 131  
SUNRISE, FL 33351

SUBJECT: SPECTRUM AVIATION MAINTENANCE SOLUTIONS INC.  
Ref. Number: W08000038764

We have received your document for SPECTRUM AVIATION MAINTENANCE SOLUTIONS INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00.

We are enclosing the proper form(s) with instructions for your convenience.

You filled out an amendment form for a name change. You are not filed as a corporation. Please fill out the proper forms which I have enclosed.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
New Filing Section

Letter Number: 708A00046556

## COVER LETTER

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

SUBJECT: SPECTRUM AVIATION MAINTENANCE SOLUTIONS 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: STANLEY HUTSON  
Name (Printed or typed)

3214 NW 84TH APT 131  
Address

SUNRISE FLORIDA 33351  
City, State & Zip

954-376-0472  
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: **SPECTRUM AVIATION MAINTENANCE SOLUTIONS INC.**

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: **1020 W CYPRESS RD HANGAR 16  
FT LAUDERDALE FL 33309.**

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **AIRCRAFT MAINTENANCE, SALES AND MANAGEMENT.**

### ARTICLE IV SHARES

The number of shares of stock is: **1 (one)**

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**STANLEY HUTSON : CHIEF EXECUTIVE OFFICER**  
**CAMILLE HUTSON : OFFICE MANAGER / SECRETARY**

### ARTICLE VI REGISTERED AGENT

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

**STANLEY HUTSON**  
**3214 NW 84TH AVE APT #131 SUNRISE FL 33351.**

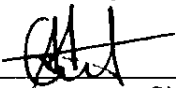
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**STANLEY HUTSON**  
**3214 NW 84TH AVE APT #131 SUNRISE FL 33351.**

\*\*\*\*\*

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

**09-02-2008**

Date

**STANLEY HUTSON**

Signature/Incorporator

**09-02-2008**

Date

FILED  
2008 SEP - 8 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA