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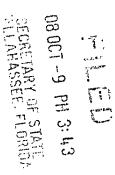
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# **COVER LETTER**

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

SUBJECT:	G.P. AVIATION (PROPOSED CORPORA	J , INC. TÉ NAME – MUST INCI	LUDE SUFFIX)		
	(61101 0222 0033 0033				
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:		
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED		
FROM:	THOMAS POWE				
	PALM COAST, FL				
(386) 447- 2082 Daytime Telephone number					

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

<del>}</del>			•	•
<b>ARTICLES O</b>	F INCORE	PORATION		
In compliance wit	th Chapter 60	7 and/or Chapter	r 621, F.S.	(Profit)
ADTICI E I	NAME			

08 OCT -9 PH 3: 43

The name of the corporation shall be:

SECRETARY OF STATE FALL AHASSEE, FLORIDA

G.P. AVTATION, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

32 BECKET LANE Palm Coast, FL 32137

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AVIATION SERVICES

### 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):

THOMAS A POWERS - CEO EXTRABETH A MURTHA - CFO

### ARTICLE VI REGISTERED AGENT

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

JOAN M. POWERS
32 BECKET LANE

PALM COAST, FL 32137

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THOMAS D. POWERS

32 BECKET LANE
PALK COAST, FL 32/37

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

Jan M Paives	10.4.68
Signature/Registered Agent	Date
- Whomes fower	9.30.08
Signature/Incorporator	Date