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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Allied Flight 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:** Mark Megler CPA

Name (Printed or typed)

159-2 Hampton Point Drive

Address

St Augustine, FL 32092

City, State & Zip

904-230-4504

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)

**ARTICLE I NAME**

The name of the corporation shall be:

ALLIED FLIGHT SERVICES, INC

**ARTICLE II PRINCIPAL OFFICE**

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

1208 SOUTH CAMPANIA COURT  
ST AUGUSTINE, FL 32092

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MICHAEL FRANK POLO  
1208 SOUTH CAMPANIA COURT  
ST AUGUSTINE, FL 32092

**ARTICLE VI REGISTERED AGENT**

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

MICHAEL FRANK POLO  
1208 SOUTH CAMPANIA COURT  
ST AUGUSTINE, FL 32092


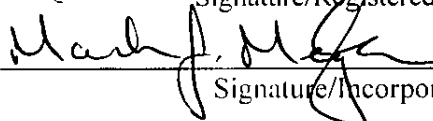
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARK MEGLER CPA  
159-2 HAMPTON POINT DRIVE  
ST AUGUSTINE, FL 32092

\*\*\*\*\*

*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

10/08/08  
\_\_\_\_\_  
Date  
10/1/08  
\_\_\_\_\_  
Date