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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL -7 P 2:18

FILED

JUL -8 2009
D.A. WHITE

COVER LETTER

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

SUBJECT: David L. Partridge, 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: David L. Partridge
Name (Printed or typed)

4665 S. Landing Dr.
Address

H. Myers, FL. 33919
City, State & Zip

239.243.8661
Daytime Telephone number

dlpartridge87@yahoo.com
E-mail address: (to be used for future annual report notification)

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:

David L. Partridge, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4665 S. Landing Dr. Ft. Myers, FL 33919

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

provide air transportation and related services.

ARTICLE IV SHARES

The number of shares of stock is: 100,000 common shares
1,000 issued

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President; David L. Partridge
4665 S. Landing Dr. Ft. Myers, FL 33919

ARTICLE VI REGISTERED AGENT

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

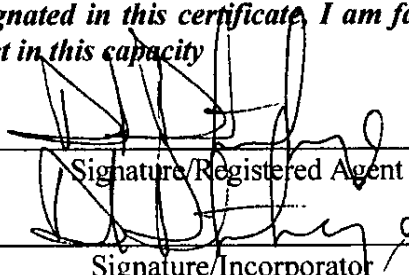
David L. Partridge
4665 S. Landing Dr. Ft. Myers, FL 33919

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David L. Partridge
4665 S. Landing Dr. Ft. Myers, FL 33919

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

6/30/09

Date
6/30/09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA