

P09000089580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

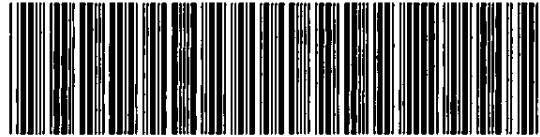
(Business Entry Name)

(Document Number)

Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



700162196707

10/28/09--01009--012, **78.75

FILED
2009 OCT 28 P 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-29-09
WCC

COVER LETTER

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

SUBJECT: Flywise Corp.
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Christine M. Evans
Name (Printed or typed)

4106 Santa Marla Street
Address

Coral Gables, FL 33146
City, State & Zip

305-666-1069
Daytime Telephone number

info@flywise.org
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:

FLYWISE CORP.

ARTICLE II PRINCIPAL OFFICE

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

4106 Santa Maria Street
Coral Gables, FL 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide advanced flight crew training pursuant to the Joint Aviation Regulation (JAR) and the European Aviation Safety Agency (EASA), aviation consulting related to safety and Human Factor and aviation law.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Christine M. Evans, President, 4106 Santa Maria Street, Coral Gables, FL 33146

Christine M. Evans, Secretary, 4106 Santa Maria Street, Coral Gables, FL 33146

Christine M. Evans, Treasurer, 4106 Santa Maria Street, Coral Gables, FL 33146

ARTICLE VI REGISTERED AGENT

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

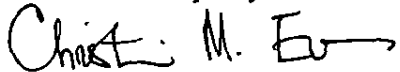
Christine M. Evans, 4106 Santa Maria Street, Coral Gables, FL 33146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christine M. Evans, 4106 Santa Maria Street, Coral Gables, FL 33146

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

October 26, 2009

Date

October 26, 2009

Date

FILED

2009 OCT 28 P 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA