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(Re	equestor's Name)	11 2-1110
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

ATTACKS

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COVER LETTER

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

SUBJECT: Ae	ero LSA, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the arti	cles 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 CO	PY REQUIRED
FROM:	Reinaldo Martin Name	e (Printed or typed)	
Address			
	Tampa, FL 33614	State & Zip	
	(813) 404-5354	elephone number	
	Daytime 1	erebuone number	
	abstampa@hotmail.co		
	E-mail address: (to be use	d for future annual report r	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:

Aero LSA, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6002 N. MacDill Avenue Tampa, FL 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assemble light sport aircrafts and experimental kits

ARTICLE IV SHARES

The number of shares of stock is:

500 shares of common stock, \$1 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert Meier, 6505 State Road 674 E., Wimauma, FL 33598

President and treasurer

Reinaldo Martin, 6002 N. MacDill Avenue, Tampa, FL 33614 Vice-President and secretary

ARTICLE VI REGISTERED AGENT

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

Reinaldo Martin, 6002 N. MacDill Avenue, Tampa, FL 33614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Reinaldo Martin, 6002 N. MacDill Avenue, Tampa, FL 33614

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

Date

Date