

P10000040985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

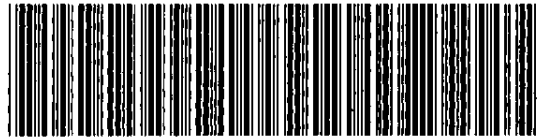
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/10/10--01067--011 \*\*128.75

FILED  
10 MAY 10 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 5/12/10

## COVER LETTER

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

SUBJECT: Domestication of Angel Wings USA, Inc in Florida

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

|  |          |
|--|----------|
| Certificate of Domestication                 | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file                | \$128.75 |

### OPTIONAL:

|                       |         |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

Angel Wings USA, Inc  
Name (printed or typed)

7380 Sand Lake Rd, suite 500  
Address

Orlando, Florida 32819  
City, State & Zip

407-545-7879  
Daytime Telephone Number

lahlou@angelwing.us  
E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

The undersigned, Anass Lahlou, President,  
(Name) (Title)

of Angel Wings USA, INC a foreign corporation,  
(Corporation Name)

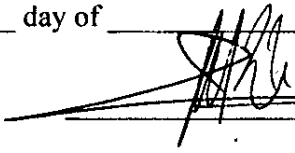
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was February 18, 2010
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Delaware
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Angel Wings USA, INC
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Angel Wings USA, INC
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 7380 Sand Lake RD, Suite 500, Orlando Florida
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Anass Lahlou, of Angel Wings USA, Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 4th day of May, 2010

  
(Authorized Signature)

### Filing Fee:

|  |          |
|--|----------|
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**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Angel Wings USA, Inc

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

7380 Sand Lake Rd, suite 500  
Orlando, Florida 32819

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Transportation, Destination management

**ARTICLE IV    SHARES**

*THE NUMBER OF SHARES OF STOCK IS:*

1500 shares

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

*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Dr. Anass Lahlou, 9106 Phillips grove terrace, Orlando Florida 32836, PRESIDENT  
Mrs. Ounsa Achour, 9106 Phillips grove terrace, Orlando Florida 32836, VP  
Mr. Khalid El Khabbaz, 11013 wizerd way, Apt 105, Orlando, Florida, 32836, Director  
Mrs. Hasna El Khabbaz, 11013 wizerd way, Apt 105, Orlando, Florida, 32836, Director

**ARTICLE VI    INITIAL REGISTERED AGENT AND STREET ADDRESS**

*THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:*

Dr. Anass Lahlou, 7380 Sand Lake rd, Suite 500, Orlando, Florida 32819

**ARTICLE VII    INCORPORATOR**

*THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:*

Dr. Anass Lahlou, 7380 Sand Lake rd, Suite 500, Orlando, Florida 32819

\*\*\*\*\*  
**HAVING BEEN NAMED AS REGISTERED AGENT AND 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

\_\_\_\_\_  
05/02/2010

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
05/02/2010

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA