

P10000084316

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000225920 3)))



H100002259203ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FLORIDA FILING & SEARCH SERVICES
Account Number : I20000000189
Phone : (850) 216-0457
Fax Number : (850) 216-0460

RECEIVED
10 OCT 14 AM 10:43
DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
Aviation Career Academy Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

**APPROVED
AND
FILED**
10 OCT 14 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM : FLORIDA FILING

FAX NO. : 8502160460

Oct. 14 2010 02:54PM P2/2

H 1 0 0 0 0 2 2 5 9 2 0
10 OCT 14 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Aviation Career Academy Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
900 Airport Rd.
Merritt Island, FL 32952

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Aviation

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marc Issott, Dir.
Address: 900 Airport Rd.
Merritt Island, FL 32952

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jessica Roldan
Address: 301 Dyer Blvd.
Kissimmee, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

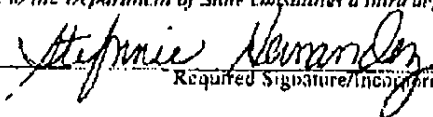
Name: Stefanie Hernandez
Address: 1220 N. Market St., Ste 808.
Wilmington, DE 19801

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:


Registered Signature Registered Agent

10/14/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.


Required Signature Incorporator

10/14/10
Date

H 1 0 0 0 0 2 2 5 9 2 0