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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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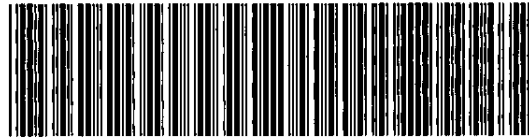
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 18 2010

COVER LETTER

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

SUBJECT: **XTREME AVIATION PROPELLERS 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 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: **Charles Delgado**

Name (Printed or typed)

1100 Lee Wagener Boulevard Suite 327

Address

Ft Lauderdale, Florida 33315

City, State & Zip

305 965 2093

Daytime Telephone number

xtremeavpropellers@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

XTREME AVIATION PROPELLERS CORP.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1100 Lee Wagener Boulevard Suite 327
Fort Lauderdale Florida 33315

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
aviation propellers services/profit

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Charles Delgado (CEO and President)</u>	Name and Title:	_____
Address:	<u>1100 Lee Wagener Boulevard Suite 327</u>	Address:	_____
	<u>Fort Lauderdale Florida 33315</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

Name and Title:	<u>Alexander Munoz VP</u>	Name and Title:	_____
Address:	<u>1100 Lee Wagener Boulevard Suite 327</u>	Address:	_____
	<u>Fort Lauderdale, Florida 33315</u>		_____

ARTICLE VI REGISTERED AGENT

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

Name: RISE AVIATION MAINTENANCE CORP
Address: 1100 Lee Wagener Boulevard Suite 327
Fort Lauderdale Florida 33315

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RISE AVIATION MAINTENANCE CORP
Address: 1100 Lee Wagener Boulevard Suite 327
Fort Lauderdale Florida 33315

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

(FOR RISE AVIATION)
Required Signature/Registered Agent

11-16-2010
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.

(FOR RISE AVIATION)
Required Signature/Incorporator

11-16-2010
Date

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TALLAHASSEE, FLORIDA