

P11000043307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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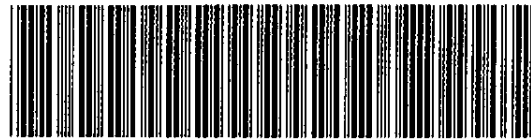
(Business Entity Name)

(Document Number)

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

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11 MAY -3 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 05/05/11

## COVER LETTER

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

SUBJECT: COMMERCIAL AVIATION AIR CHARTER INC.  
(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: SOPHIA RITA MAESTRALES  
Name (Printed or typed)  
16082 RIO DEL SOL  
Address  
DELRAY BEACH, FLORIDA 33446  
City, State & Zip  
561-637-8646  
Daytime Telephone number  
Gmaestra@aol.com  
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: COMMERCIAL AVIATION AIR CHARTER, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

16082 Rio Del Sol  
DELRAY BEACH, FL 33446

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Legal Commercial Activity

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: SOPHIA RITA MAESTRALES  
Address: 16082 Rio Del Sol  
De/Ray Beach, FL 33446  
President

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: Sophia Rita Maestralles  
Address: 16082 Rio Del Sol  
De/Ray Beach, FLORIDA 33446

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SOPHIA RITA MAESTRALES  
Address: 16082 Rio Del Sol  
De/Ray Beach, FL 33446

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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

Sophia Maestralles  
Required Signature/Registered Agent

4/29/11  
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.

Sophia Maestralles  
Required Signature/Incorporator

4/29/11  
Date