

P110000053338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

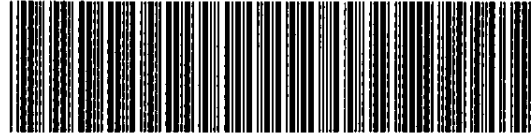
(Business Entity Name)

(Document Number)

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

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2011 JUN -6 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC  
6-7-11

## COVER LETTER

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

**SUBJECT:** Aviation Training Mall, 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:** Veronica P. Risko

Name (Printed or typed)

600 High St.

Address

Boca Raton, FL 33432

City, State & Zip

561-391-5019

Daytime Telephone number

veronica.risko@aviationtrainingmall.com

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

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

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2011 JUN -6 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

# 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 Training Mall, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
600 High St.  
Boca Raton, FL 33432

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Aviation training and related business transactions that are legal in the state of Florida.

## ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jean Giles Ordonez, President & Secretary  
Address: 164 NW 4th Ave., A  
Boca Raton, FL 33432

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Veronica P. Risko, Vice Pres & Treasurer  
Address: 600 High St.  
Boca Raton, FL 33432

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: Jean Giles Ordonez  
Address: 164 NW 4th Ave., A  
Boca Raton, FL 33432

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

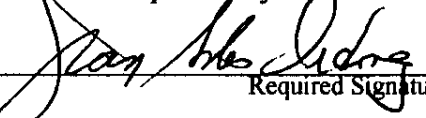
Name: Jean Giles Ordonez  
Address: 164 NW 4th Ave., A  
Boca Raton, FL 33432

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

  
Required Signature/Registered Agent

June 3, 2011  
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

June 3, 2011  
Date

2011 JUN -6 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304  
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