

P/10000059718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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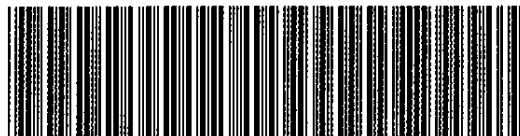
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2011 JUN 27 PM 2:30
SECRETARY'S OFFICE
TALLAHASSEE, FL 32311

SC
6-28-11

COVER LETTER

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

SUBJECT: Latin American Airlines 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: Martyn Thomas

Name (Printed or typed)

14851 SW 104 ST #11

Address

Miami FL 33196

City, State & Zip

786-245-3145

Daytime Telephone number

ceo@latinamericanairlines.com

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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

2011 JUN 27 PM 2:30

FILED

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: Latin American Airlines Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
14851 SW 104 ST #11
Miami FL 33196

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Airline and Aviation Services

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Martyn Thomas
Address: 14851 SW 104 ST #11
Miami FL 33196

Name and Title: _____
Address: _____

Name and Title: Silvia Chavez
Address: 14851 SW 104 ST #11
Miami FL 33196

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:

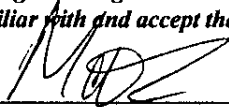
Name: Martyn Thomas
Address: 14851 SW 104 ST #11
Miami FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Martyn Thomas
Address: 14851 SW 104 ST #11
Miami FL 33196

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 21, 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 21, 2011

Date

FILED
2011 JUN 27 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32399