

P110000090624

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.

((H11000248778 3)))



H110002487783ABC5

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 : DORAL CORPORATE FILING SERVICE
Account Number : I20070000081
Phone : (305) 436-0979
Fax Number : (305) 592-5575

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

Email Address: _____

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS
2011 OCT 14 AM 11:48

FLORIDA PROFIT/NON PROFIT CORPORATION PUMA AIR LINHAS AEREAS INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$78.75 |

RECEIVED
30 OCT 14 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/14/11

10/14/2011 11:56 AM

DCT-14-2011 11:59 From:

To: 18506176381

Page: 1/2

811000248778

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

PUMA AIR LINHAS AEREAS INC.

The name of the corporation shall be:

2011 OCT 14 AM 11:48

ARTICLE II PRINCIPAL OFFICE

Principal street address
2415 NW 97 AVE
MIAMI, FL 33172

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (MGR) VISATEL GROUP, INC.
Address: 2415 NW 97 AVE
MIAMI, FL 33172
100% SHAREHOLDER

Name and Title: _____
Address: _____

Name and Title: (P) NISHAN BANOJAKEDJIAN
Address: 2415 NW 97 AVE
MIAMI, FL 33172

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: NISHAN BANOJAKEDJIAN
Address: 2415 NW 97 AVE
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NISHAN BANOJAKEDJIAN
Address: 2415 NW 97 AVE
MIAMI, FL 33172

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

10/14/2011
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

10/14/2011
Date

811000248778