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ation: CAPITAL CONNECTION

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

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TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION

Aviation Staff Providers, Inc.

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

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CAPITAL CONNECTION

NO. 7951 P. 2

### COVER LETTER

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

**SUBJECT:** Aviation Staff Providers, 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:** Israel Leppe

Name (Printed or typed)

7384 NW 72 Ave

Address

Miami, FL 33166

City, State & Zip

305-885-1599

Daytime Telephone number

israelleppe@alphaaircraft.com

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

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

NOV. 30. 2011 3:50PM

CAPITAL CONNECTION

NO. 7951 P. 3

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 Staff Providers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7384 NW 72nd Ave  
Miami, FL 33166

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Maintenance Support

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Israel Leppe President  
Address: 7384 NW 72nd Ave  
Miami, FL 33166

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: Israel Leppe  
Address: 7384 NW 72nd Ave  
Miami, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Israel Leppe  
Address: 7384 NW 72nd Ave  
Miami, FL 33166

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

November 30, 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

November 30, 2011

Date