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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE
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COVER LETTER

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

SUBJECT: S~E~C Aviation Corpor	ration			
(PROPOSED CORPORA'	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL C	OPY REQUIRED		
	(Printed or typed)			
1864 Harding Path Address				
The Villages, Florida 32				
352-603-7535 Daytime Te	elephone number	·		
scottcfii@centurylink.net 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 The name of the con	NAME poration shall be:	S~E~C Aviation	n Corporatio	on	
ARTICLE II	PRINCIPAL OF	TCE			
	Principal <u>stree</u>			Mailing ad	dress, if different is:
	364 Harding Pat				
<u>.Tt</u>	ne Villages, FL 3	32162-3477			
			•		·
	<u>PURPOSE</u>	tt 4 t			2 = :
The purpose for wh Aircraft mainte	ich the corporation	is organized is:			
Ancran mainte	mance and my	nt insudeion.			JAN-6 PM JAN-6 PM CRETARY OF LAHASSEE, F
ARTICLE IV		_			- SI - SI - SI - SI
The number of share	s of stock is: 100	Ú			型
ADTICLE T	INPITAL OFFICE	CRS AND/OR DIRE	CTORS		i⊋m →
				and Title	
Address:		Path			
	The Villages	FL 32162-3477			
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Address:					
Addiess.				·	
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Address:				ess:	
				****	·
ARTICLE VI	REGISTERED A	GENT			
The <u>name and Flori</u>		P.O. Box NOT accepta	ible) of the regis	stered agent is:	
Name:	Scott E. Cha				
Address:	1864 Hardi	ng Path			
	The Village	s, FL 32162-3477	/		
ARTICLE VII 1	NCORPORATO	R			
The <u>name and addr</u>	ess of the Incorpora	ttor is:			
Name:	Scott F. Ch				
Address:	1 <u>8</u> 64 Hardin	g Path			
	The Village	<u>š, FL 32162-3477</u>	<u>'</u>		
		nt to accept service of paccept the appointment			ation at the place designated in t in this capacity
	15	and to			1/4/2012
7	Required Sig	nature/Registered Ager	nt		Date
l cubmit thic docum	_			one mugae that the C	alse information submitted in a
		u ine jucis siaieu nere Institutes a third degree			
/	1600	1/1			41410040
	att. S	ralle	_		1/4/2012
	Required S	Signature/Incorporator			Date