

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 : ASSOCIATED TAX CONSULTANTS GROUP, INC.
Account Number : I20110000056
Phone : (305) 823-9292
Fax Number : (305) 824-0703

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

Email Address: ATCGIR@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
J.A. AVIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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12 JAN 11 AM 7:25

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PROFESSIONAL ACCOUNT

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January 6, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ASSOCIATED TAX CONSULTANTS GROUP, INC.

SUBJECT: J.A. AVIATION, INC.
REF: W12000000954

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000004226
Letter Number: 612A00000380

01/10/2012 17:57

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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:

J.A. AVIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1415 SAINT GABRIELLE LANE

SUITE 3702

WESTON, FL 33326

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL BUSINESS PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 500 (\$1 PAR VALUE)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHNNY E ARRELLANO, DPST

Address: 1415 SAINT GABRIELLE LANE

SUITE 3702

WESTON, FL 33326

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: JOHNNY E ARRELLANO

Address: 1415 SAINT GABRIELLE LANE, SUITE 3702

WESTON, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JOHNNY E ARRELLANO

Address: 1415 SAINT GABRIELLE LANE, SUITE 3702

WESTON, FL 33326

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

Jan-3-12

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

Jan-3-12

Date

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Florida Department of State

Attention: New Filings Section

Date: January 3, 2012

To whom it may concern:

This is to advise you that the owners of J.A. AVIATION, INC. of Doc # P02000074402 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.



JOHNNY CABELLANO - REGISTERED AGENT

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TALLAHASSEE, FLORIDA

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