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12 MAY 18 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
5/21/12

## COVER LETTER

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

**SUBJECT: Summers Air, 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: Brett J Summers

Name (Printed or typed)

2109 Giles Street

Address

Port Charlotte, Florida 33948

City, State & Zip

941-628-8513

Daytime Telephone number

summersair68@yahoo.com

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 NAME**

The name of the corporation shall be:

**Summers Air, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2109 Giles Street  
Port Charlotte, Florida 33948

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:

**1000 @ 1.00 Par Value**

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

Name and Title: Brett J. Summers  
Address: 2109 Giles Street  
Port Charlotte, Florida 33948

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: Brett J. Summers  
Address: 2109 Giles Street  
Port Charlotte, Florida 33948

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brett J. Summers  
Address: 2109 Giles Street  
Port Charlotte, Florida 33948

*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*

Brett Summers

Required Signature/Registered Agent

05/15/2012

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.*

Brett Summers

Required Signature/Incorporator

05/15/2012

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA