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☐ PICK-UP

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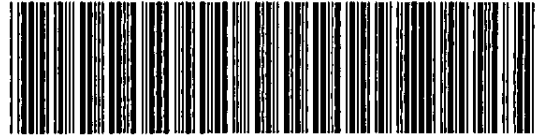
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: AIROBATICS, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ALBERT J. GAMOT, JR.

Name (Printed or typed)

2701 PGA Boulevard, Suite C

Address

PALM BEACH GARDENS, FL 33410

City, State & Zip

561-832-5500

Daytime Telephone number

Albert@gamotlaw.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 AIROBATICS, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
651 Okeechobee Boulevard
#1106
West Palm Beach, FL 33401

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SECRETARY OF STATE
Mailing address, if different is:
651 Okeechobee Boulevard
#1106
West Palm Beach, FL 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Entertainment and amusement

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>JONATHAN P. HUGO/OD</u>	Name and Title: _____
Address: <u>651 Okeechobee Boulevard</u>	Address: _____
<u>#1106</u>	_____
<u>West Palm Beach, FL 33401</u>	_____

Name and Title: <u>ELIZABETH A. FIELDS/OD</u>	Name and Title: _____
Address: <u>651 Okeechobee Boulevard</u>	Address: _____
<u>#1106</u>	_____
<u>West Palm Beach, FL 33401</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Albert J. Gamot, Jr.
Address: 2701 PGA Boulevard, Suite C
Palm Beach Gardens, FL 33410

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Albert J. Gamot, Jr.
Address: 2701 PGA Boulevard, Suite C
Palm Beach Gardens, FL 33410

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

<u>Albert J. Gamot, Jr.</u>	<u>5/16/12</u>
Required Signature/Registered Agent	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.

<u>Albert J. Gamot, Jr.</u>	<u>5/16/12</u>
Required Signature/Incorporator	Date