

P12000053858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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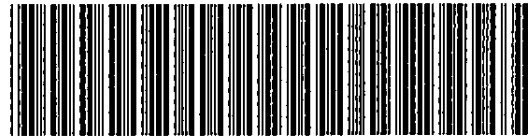
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FOR THE STATE  
DIVISION OF REVENUE

6/14  
8

COVER LETTER

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

SUBJECT: Aero INDUSTRIES 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

12 JUN 13 PM 12:19

RECEIVED  
DIVISION OF CORPORATIONS  
JUN 13 2013

FROM: GABRIEL J MANCUSO  
Name (Printed or typed)

4762 SPLIT RAIL PLACE  
Address

MELBOURNE FL 32904  
City, State & Zip

321 266 0405  
Daytime Telephone number

Aerobusservinc@aerobuslink.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 NAME**

The name of the corporation shall be:

**AERO INDUSTRIES INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**4762 SPLIT RAIL PLACE  
MELBOURNE FL 32904**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**SELL EQUIPMENT  
RETAIL SALES**

**ARTICLE IV SHARES**

The number of shares of stock is:

**500**

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

Name and Title: **GABRIEL T MANCUSO** Name and Title: \_\_\_\_\_

Address: **4762 SPLIT RAIL PLACE** Address: \_\_\_\_\_  
**MELBOURNE FL 32904**

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: **GABRIEL T MANCUSO**  
Address: **4762 SPLIT RAIL PLACE**  
**MELBOURNE FL 32904**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **GABRIEL T MANCUSO**  
Address: **4762 SPLIT RAIL PLACE**  
**MELBOURNE FL 32904**

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

**Gabriel T Mancuso**  
Required Signature/Registered Agent

**JUNE 06 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.

**Gabriel T Mancuso**  
Required Signature/Incorporator

**JUNE 06 2012**  
Date

12 JUN 13 PM 12:19  
STATE OF FLORIDA  
DEPARTMENT OF STATE