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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 : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302) 531-0855
Fax Number : (850) 656-7953

RECEIVED AUG 9 2012

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Aviation Payroll Company

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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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: **Aviation Payroll Company**

ARTICLE II PRINCIPAL OFFICE

Principal street address
c/o Mar-A-Lago Club
1100 South Ocean Blvd., Palm Beach, FL 33480
Attn: Edward Raymundo

Mailing address, if different is:

725 Fifth Avenue
New York, NY 10022

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation is organized for the purposes of transacting any or all lawful business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100 npv

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donald J Trump, President
Address: 725 Fifth Avenue
New York, NY 10022

Name and Title: Donald J Trump, Director
Address: 725 Fifth Avenue
New York, NY 10022

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: NRAI Services, Inc.
Address: 515 East Park Avenue
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey McConney
Address: 725 Fifth Avenue
New York, NY 10022

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

NRAI Services, Inc.

Pattina M. Rice
Required Signature/Registered Agent

09/09/12

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.

[Signature]
Required Signature/Incorporator

8/9/12
Date

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