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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*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  
ABU DHAHI AIR TRANSPORT CONSULTING, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
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: Abu Dhabi Air transport consulting, Corp.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 18101 COLLINS AVE #2411  
SUNNY ISLES, FL 33160  
Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Any an all lawfull business.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

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

Name and Title: <u>C.E.O.</u>	Name and Title: _____
Address: <u>ALBERTO FAJMAN</u>	Address: _____
<u>18101 COLLINS AVE #2411</u>	_____
<u>SUNNY ISLES, FL 33160</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
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: ALBERTO FAJMAN  
Address: 18001 COLLINS AVE #2411  
SUNNY ISLES, FL 33160

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: ALBERTO FAJMAN  
Address: 18001 COLLINS AVE #2411  
SUNNY ISLES, FL 33160

Having been named as registered agent to accept service of process for the above stated corporation as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature] Required Signature/Registered Agent  
12/13/2012 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.

[Signature] Required Signature/Incorporator  
12/13/2012 Date

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