

P12000102257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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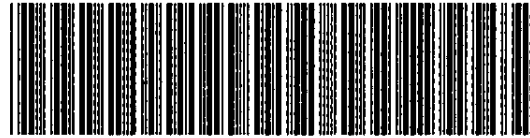
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

12/17
[Handwritten signature]

COVER LETTER

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

SUBJECT: Midas Aviation Services, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: George F. Glen

Name (Printed or typed)

8482 N.W. 15th Court

Address

Coral Springs, FL 33071

City, State & Zip

954 588 4956

Daytime Telephone number

GFGLEN@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: **Midas Aviation Services, Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address
8482 N. W. 15th Court
Coral Springs, FL 33071

Mailing address, if different is:

N/A

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: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: George F. Glen, Director, President
Address: 8482 N. W. 15th Court
Coral Springs, FL 33071

Name and Title: _____
Address: _____

Name and Title: Joyce Glen, Secretary
Address: 8482 N. W. 15th Court
Coral Springs, FL 33071

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: Nelson's Business Solutions, Inc
Address: 8504 N.W. 46th Drive
Coral Springs, FL 33071

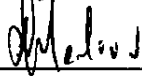
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nelson's Business Solutions, Inc
Address: 8504 N. W. 46th Drive
Coral Springs, FL 33067

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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




Required Signature/Registered Agent

11/30/12

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.



Required Signature/Incorporator

11/30/12

Date