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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 5/6

COVER LETTER

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

SUBJECT: **TMZ Aviation, 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

FROM: **Tam Marie Martinez**

Name (Printed or typed)

11261 NW. 39th Court

Address

Coral Springs, FL 33065

City, State & Zip

954-213-8380

Daytime Telephone number

tmartinez8564@aol.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: TMZ Aviation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11261 NW. 39th Court

Coral Springs, FL 33065

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Travel Management

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tam Marie Martinez, President

Name and Title: _____

Address 11261 NW. 39th Court

Address: _____

Coral Springs, FL 33065

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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: Tam Marie Martinez
Address: 11261 NW. 39th Court
Coral Springs, FL 33065

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tam Marie Martinez
Address: 11261 NW. 39th Court
Coral Springs, FL 33065

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

Tam Marie Martinez

Required Signature/Registered Agent

4.25.13

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.

Tam Marie Martinez

Required Signature/Incorporator

4.25.13

Date