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TO ACARONI FOGE SUFFICIENCY OF FILING

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-N 08/14/13

COVER LETTER

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

SUBJECT: ARCO AIR-CO		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	PY REQUIRED
FROM: SimmiE Name 734 Little	(Printed or typed) Dohn Ro	Anson
TALLA HASSEE T. City.	$\frac{1}{2}$ $\frac{30}{30}$	310
Lerrah (A)	elephone number Office luture annual report	ow.
E-mail address: (to be used	d 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)

LE II PRINCIPAL OFFI Principal street		Maili	ng address, if different is:		
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Name and Title:	Name and T	itle:		
Address " —	_ Address:		,	
			:	. _
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box Name: Address: 737 Little Allahassee	NOT acceptable) of the registered Solm San John Ad FL 32	agent is:	13 AUG 1	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Address: Address:	e Johnson tle John hassee FL		4 PH IZ: 37	
Having been named as registered agent to accept this certificate, I am familiar with and accept the Required Signature/R document to the Department of State constitutes Required Signature Required Signature	e appointment as registered agent egistered Agent ets stated herein are true. I am aw is a third degree felony as provided	and agree to act in this capa	Date Date	20/3
		•		