

P13000070297

(Requestor's Name)

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(Business Entity Name)

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DIVISION OF CORPORATIONS

13 AUG 26 AM 10:19

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 26 AM 10:26

APPROVED
AND
FILED

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COVER LETTER

3 AUG 26 AM 10:26

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: FILAURE 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 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: FILAURE MONNIER
Name (Printed or typed)

6563 MAN-O-WAR TRAIL
Address

TALLAHASSEE, FL. 32309
City, State & Zip

850 491 0935
Daytime Telephone number

FIL@FILAUREAVIATIONSERVICES.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: FILARE AVIATION SERVICES, INC.

13 AUG 26 AM 10: 26

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6563 MAN O WAR TR
TALLAHASSEE, FL 32309

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: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FILARE HANNIA P. 60 Name and Title: FILARE HANNIA P.T.S

Address 6563 Man O War TR Address: 6563 Man O War TR
TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED (cont.)

13 AUG 26 AM 10: 26

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Filaine Monnier
Address: 6563 Man O War TR
TALLAHASSEE, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FILAUKE Monnier
Address: 6563 Man O War TR
TALLAHASSEE, FL 32309

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

8/26/13

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.



Required Signature/Incorporator

8/26/13

Date