

P130006073033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

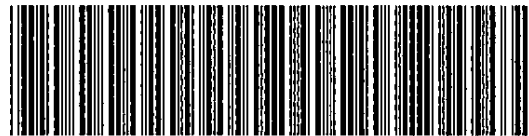
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/30/13--01016--019 **78.75

13 AUG 30 PM 2:17
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: OSM 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: Bjorn Tore Larsen

Name (Printed or typed)

915 Middle River Drive, Ste 513

Address

Ft. Lauderdale, FL 33304

City, State & Zip

954-636-4841

Daytime Telephone number

bjorn.larsen@btlcoco.no

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: OSM Aviation, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

915 Middle River Drive, Ste 513

Ft. Lauderdale, FL 33304

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Bjorn Tore Larsen</u>	Name and Title: <u>Espen Hoiby</u>
Address <u>915 Middle River Drive, Ste 513</u>	Address: <u>915 Middle River Drive, Ste 513</u>
<u>Ft. Lauderdale, FL 33304</u>	<u>Ft. Lauderdale, FL 33304</u>

Name and Title: _____	Name and Title: _____
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Address _____	Address: _____
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Name and Title: _____	Name and Title: _____
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Address _____	Address: _____
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CLERK OF STATE
DIVISION OF CORPORATIONS

(cont.)

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: Marvin Klasfeld
Address: 817 S. University Drive, Ste 100
Plantation, FL 33324

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bjorn Tore Larsen
Address: 915 Middle River Drive, Ste 513
Ft. Lauderdale, FL 33304

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

8/27/13

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

8/27/13

Date