

P 13000087275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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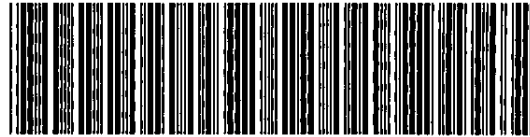
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 23 PM 1:30

10/24/13

**COVER LETTER**

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

**SUBJECT: Capital Aircraft 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: Ryan M. Bivens**

Name (Printed or typed)

**10450 NW 18th Place**

Address

**Pembroke Pines, Florida 33026**

City, State & Zip

**954-347-4300**

Daytime Telephone number

**ryanmbivens@gmail.com**

E-mail address: (to be used for future annual report notification)

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**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)

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**ARTICLE I NAME**

The name of the corporation shall be: Capital Aircraft Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

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Mailing address, if different is:

10450 NW 18th Place

Pembroke Pines, Florida 33026

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Aviation Services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ryan M. Bivens, President

Name and Title: \_\_\_\_\_

Address 10450 NW 18th Place  
Pembroke Pines, Florida 33026

Address: \_\_\_\_\_

Name and Title: William E. Bivens, Vice President

Name and Title: \_\_\_\_\_

Address 14520 Mustang Trail  
Southwest Ranches, Florida 33330

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:

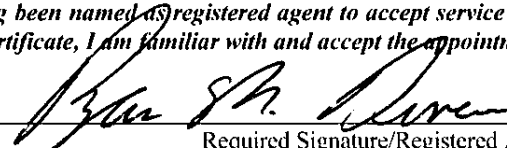
Name: Ryan M. Bivens  
Address: 10450 NW 18th Place  
Pembroke Pines, Florida 33026

**ARTICLE VII INCORPORATOR**

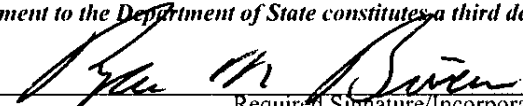
The name and address of the Incorporator is:

Name: Ryan M. Bivens  
Address: 10450 NW 18th Place  
Pembroke Pines, Florida 33026

*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*

 10/16/2013  
Required Signature/Registered Agent 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.*

 10/16/2013  
Required Signature/Incorporator Date

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