

P 14000047053

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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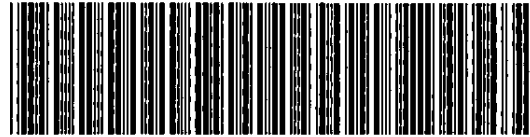
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAY 29 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/2/14

COVER LETTER

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

SUBJECT: Gibson 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: Barbara A. Gibson

Name (Printed or typed)

8436 E. 27th Ave.

Address

Tampa, FL 33619

City, State & Zip

813-621-6369

Daytime Telephone number

gibsob142@aol.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

ARTICLE I NAME

The name of the corporation shall be: Gibson Aviation Services, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

8436 E. 27th Avenue

Tampa, FL 33619

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara A. Gibson, Pres.

Address: 8436 E. 27th Ave.

Tampa, FL 33619

Name and Title: Edward C. Gibson, VP

Address: 8436 E. 27th Ave.

Tampa, FL 33619

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Barbara A. Gibson
Address: 8436 E. 27th Ave.
Tampa, FL 33619

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara A. Gibson
Address: 8436 E. 27th Avenue
Tampa, FL 33619

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

* Barbara A. Gibson
Required Signature/Registered Agent

5-27-2014
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.

* Barbara A. Gibson
Required Signature/Incorporator

5-27-2014
Date

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TALLAHASSEE, FLORIDA