P14000050039

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Linky Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500260734735

06/03/14--01009--002 **70.00

SECHETARY OF BIATE

14 JUN -3 PH 2:

COVER LETTER

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

SUBJECT:	AIR AUGUSTINE, INC.								
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)								
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:						
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status						
	ADDITIONAL CO	PY REQUIRED							
FROM:	Mark J. Nelson	(Printed or typed)							
PO Box 2057 Address Charlottesville, VA 22902 City, State & Zip (434) 220-6112 Daytime Telephone number mixworxm@aol.com									
							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)

ARTICLE II PRINCIPAL OFFICE Principal street address 2261 Piper Way			Mailing a	Mailing address, if different is:	
Ke	swick, VA 2	22947			
	ICLE III PURP urpose for which th	POSE e corporation is organized is:			
	· - · · · · · · · · · · · · · · · · · · 	** * *** ** ** *** *** *** * * * * * *			
*					
ART The n	<i>ICLE IV</i> SHAI umber of shares of s	tock is:			
ART The n	umber of shares of s	tock is: 1,000 IAL OFFICERS AND/OR DIRECTO			
ART The n	umber of shares of s ICLE V INIT Name and Title:	David Mitchell, Initial Director	Name and Title:		
ART The n	umber of shares of s	David Mitchell, Initial Director		TABLAH SECAH	
ART The n	umber of shares of s ICLE V INIT Name and Title: Address	TAL OFFICERS AND/OR DIRECTO David Mitchell, Initial Directo 2261 Piper Way Keswick, VA 22947	Name and Title: Address:	14 JUN -3 F	
ART The n	umber of shares of s ICLE V INIT Name and Title: Address	tock is: 1,000 IAL OFFICERS AND/OR DIRECTO David Mitchell, Initial Directo 2261 Piper Way	Name and Title: Address: Name and Title:	14 JUN -3 F	
ART The n	umber of shares of s ICLE V INIT Name and Title: Address Name and Title:	TAL OFFICERS AND/OR DIRECTO David Mitchell, Initial Directo 2261 Piper Way Keswick, VA 22947	Name and Title: Address: Name and Title:	14 JUN -3 PM 2: SECNETIARY OF STA	
ART The n	umber of shares of s ICLE V INIT Name and Title: Address Name and Title: Address	TAL OFFICERS AND/OR DIRECTO David Mitchell, Initial Directo 2261 Piper Way Keswick, VA 22947	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	14 JUN -3 PM 2: 19 SEC NEIGHT STATE THE LAHASSEE FLORIDA	

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: David H. Cohen 3439 Wildwood Lake Circle Bonita Springs, FL 34134 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: David Mitchell 2261 Piper Way Keswick, VA 22947 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 I submit this document and Standonstitutes a third degree felony as provided for in \$ 817.155, F.S. Required Signature/Incorporator	Name and Title:		Name and Title:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: 3439 Wildwood Lake Circle	Address		Address:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name:			- 	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: 3439 Wildwood Lake Circle				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: 3439 Wildwood Lake Circle				
Name: Address: David H. Cohen 3439 Wildwood Lake Circle Bonita Springs, FL 34134 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: David Mitchell 2261 Piper Way Keswick, VA 22947 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 I submit this document and offirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of Super onstitutes a third degree felony as provided for in s.817.155, F.S. Required Signature/Incorporator			the registered agent is:	
Address: 3439 Wildwood Lake Circle	;	•	the regimered agent in	
Bonita Springs, FL 34134 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: David Mitchell 2261 Piper Way Keswick, VA 22947 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 I submit this document and offirm 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 Date		3439 Wildwood Lake Circle	•	
The name and address of the Incorporator is: Name: David Mitchell 2261 Piper Way Keswick, VA 22947 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 Date Required Signature/Incorporator Date		Bonita Springs, FL 34134	-	
The name and address of the Incorporator is: Name: David Mitchell 2261 Piper Way Keswick, VA 22947 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 Date Required Signature/Incorporator Date				
Name: Address: David Mitchell 2261 Piper Way Keswick, VA 22947 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 I submit this document and offirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of States onstitutes a third degree felony as provided for in s.817.155, F.S. Required Signature/Incorporator Date	ARTICLE VII	INCORPORATOR		
Address: 2261 Piper Way	The name and add	I <u>ress</u> of the Incorporator is:		
Keswick, VA 22947 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 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 States constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature/Incorporator Date	Name:	David Mitchell		
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 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 Date	Address:	2261 Piper Way	_	
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 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 Date		Keswick, VA 22947		
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent 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 Date			-	
Required Signature/Registered Agent 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 Date				
I submit this document and offirm 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 Date	this certificate, I an	n familiar with and accept the appointment as reg	ustered agent and agree to ac	ct in this capacity
I submit this document and offirm 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 Date		M 10 lelle		5/24/14
Required Signature/Incorporator Date Constitutes a third degree felony as provided for in s.817.155, F.S.		Required Signature/Registered Agent		Dale /
Required Signature/Incorporator Date	I submit this document to the De	ment and affirm that the facts stated herein are	true. I am aware that the fa	dse information submitted in a
	/		y way provide any or the morning	d= 11
		Required Signature/Incorporator		3 30 14- Date
TABLAHASSEE	(Kodunos organismos mostyvinus		
CORE LANY PARASSEE)		14 Sa Sa
	.			50 5
				25 F
the control of the co				MAC CONTRACTOR
				PH 2: I
				2:1

4

i !;