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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

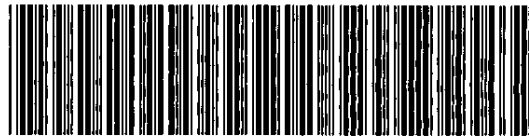
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DIVISION OF REVENUE  
JUL 14 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2014

ANTHONY ECHOLS  
12487 HEATHGATE COURT  
JACKSONVILLE, FL 32225

SUBJECT: HALO AVIATION CORP  
Ref. Number: W14000042026

We have received your document for HALO AVIATION CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 314A00014697

## COVER LETTER

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

SUBJECT: **Aureole Aviation Corporation**

(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: **Anthony L. Echols**

Name (Printed or typed)

**12487 Heathgate Court**

Address

**Jacksonville, FL 32225**

City, State & Zip

**904-476-6922**

Daytime Telephone number

**dr.dge@outlook.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)

**ARTICLE I NAME**

The name of the corporation shall be: Aureole Aviation Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

12487 Heathgate Court

Jacksonville, FL 32225

Mailing address, if different is:

7254 Parks Trail

Fairburn, GA 30213

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This business will provide aircraft maintenance and education services to the public.

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**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Anthony L. Echols, CEO

Address: 12487 Heathgate Court  
Jacksonville, FL 32225

Name and Title: Diana G. Echols, COO

Address: 12487 Heathgate Court  
Jacksonville, FL 32225

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: Diana G. Echols

Address: 12487 Heathgate Court  
Jacksonville, FL 32225

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DEPARTMENT OF REVENUE  
DIVISION OF REVENUE

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anthony L. Echols

Address: 12487 Heathgate Court  
Jacksonville, FL 32225

*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

8.5.14  
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

8.5.14  
Date