

P150000 21 219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

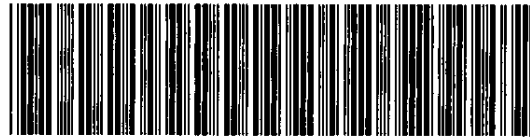
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Certificates of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 15 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Maya Cove 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Arvind Patel

Name (Printed or typed)

2751 NW 69th Court

Address

Fort Lauderdale, FL 33309

City, State & Zip

954 864 9725

Daytime Telephone number

arvindpatel747@yahoo.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: Maya Cove Aviation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2751 NW 69th Court

Fort Lauderdale

FL 33309

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General Aviation, Pilot Training and aviation Consulting.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arvind Patel President

Address: 2751 NW 69 Court

Fort Lauderdale

FL 33309

Name and Title: _____

Address: _____

Name and Title: Rashmi Patel V.P.

Address: 2751 NW 69 Court

Fort Lauderdale

FL 33309

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: Arvind Patel
Address: 2751 NW 69th Court
Fort Lauderdale FL 33309

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Arvind Patel
Address: 2751 NW 69th Court
Fort Lauderdale FL33309

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

02/26/2015

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

02/26/2015

Date