

P15000026191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

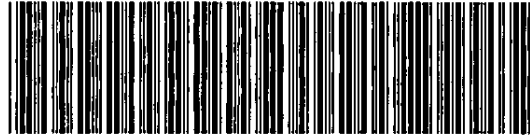
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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15 MAR 16 PM 12:57
SOUTH FLORIDA
STATE

MD 3/19

COVER LETTER

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

SUBJECT: NORTHSTAR 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: Jerome A. Calloway
Name (Printed or typed)
10033 NW 13th Ct
Address
PLANTATION, FL 33322
City, State & Zip
954 648 3390
Daytime Telephone number
BUDENSTARPLANE.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: NORSTAR AVIATION SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

10033 NW 13 CT
PLANTATION, FL 33322

← SAME

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STATE OF FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COMMERCIAL AIRCRAFT

PROFESSIONAL SERVICES & BROKERAGE
(WWW.NSTARPLANES.COM)

ARTICLE IV SHARES

The number of shares of stock is: 100,000 @ \$.10 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GEROME A CALLOWAY Name and Title: _____

Address: PRESIDENT Address: _____

10033 NW 13 CT
PLANTATION, FL

X

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

X

X

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

X

X

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: JEROME A. CALLOWAY
 Address: 10033 NW 13 G
PLANTATION FL 33322

15 MAR 16 PM 12:57
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JEROME A CALLOWAY
 Address: 10033 NW 13 G
PLANTATION FL 33322

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

J Alloway
 Required Signature/Registered Agent

MARCH 13, 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.

J Alloway
 Required Signature/Incorporator

MARCH 13, 2015
 Date

PLEASE NOTE: MY PREVIOUS DOCUMENT # P94000065948
IS INACTIVE/UA. I HAVE NO INTENTION OF
REINSTATING IT, AND I AM RELEASING THE
NAME NORTHSTAR AVIATION SERVICES, INC.
TO MYSELF.

J Alloway
JEROME CALLOWAY
10033 NW 13 G