

P/5000026724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

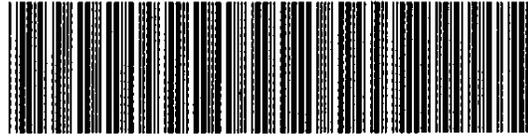
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED TERM "1" TO
ARTICLE IV (SHARES) PER
TELEPHONE CONVERSATION
WITH LAMONT SMITH.

[Signature] 03/20/15

Office Use Only



800270674308

03/17/15--01012--005 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAR 17 PM 12:53

[Signature] 03/20/15

COVER LETTER

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

SUBJECT: S&S Prestige Aircraft BST, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: _____
Name (Printed or typed)

18854 Cloud Lake Circle
Address

BOCA RATON, FL 33496
City, State & Zip

561 289 9827
Daytime Telephone number

lmssoft@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: SJS Prestige Aircraft BST, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

18854 Cloud Lake circle
Boca Raton, FL 33496

Mailing address, if different is:

18854 Cloud Lake Circle
Boca Raton, FL 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Buy, Sell, trade (Anything)

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lamont Smith (President)

Address: 18854 Cloud Lake Circle
Boca Raton, FL 33496

Name and Title: (blank)

Address: (blank)

Name and Title: (blank)

Address: (blank)

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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: LAMONT SMITH (President)
 Address: 18854 Cloud Lake Circle
BOCA RATON, FL 33496

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAMONT SMITH (President)
 Address: 18854 Cloud Lake Circle
BOCA RATON, FL 33496

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

LAMONT SMITH

Required Signature/Registered Agent

03-09-2015

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.

LAMONT SMITH

Required Signature/Incorporator

03-09-2015

Date