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| (Requestor's Name) | | |
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| PICK-UP | WAIT | MAIL |
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| Special Instructions to I | Filing Officer: | |
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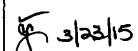
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DEPARTMENT OF STATE.
15 HAR 23 AH II: 22

SECRETARISH PLONE

15 MAR 23 AM II: 30







COVER LETTER

15 MAR 23 AH 11:31

SECRETARY OF STATE MALLAHASSEE FLORIDA

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

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| SUBJECT: | ALMIGHTY , | AIR INC | |
|----------------------|-----------------------------------|--------------------------------|---------------------------------------|
| | (PROPOSED CORPORA | TE NAME – MUST INCL | UDE SUFFIX) |
| Englaced one on anie | Small and a Color | • • • • • • | |
| chelosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | a check for: |
| \$70.00 | \$78.75 | \$78.75 | \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| | & Certificate of Status | & Certified Copy | Certified Copy |
| | | | & Certificate of |
| | | 1 | Status |
| | | ADDITIONAL CO | PY REQUIRED |
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| | Name | (Printed or typed) | |
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| | 4064 P | ATT OL | |
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| | 573- | · 433 elephone number | |
| - | Daytime T | elephone number | |
| | C11/4 | C DUILLIA A L | 0640 0004 |
| | E-mail address: (to be use | | 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)



31

| The name of the corporat | E ion shall be: Almigi | FTY AIR INC | 15 MAR 23 AM II: |
|--|--|-------------------|----------------------|
| | NCIPAL OFFICE Principal street address | / | ess, if different is |
| | ATT 5T. | 20630 | SeOAlia ESTOR |
| NORTHOSEL | F1 34276 | WAYNESU | 11e NO 63583 |
| ARTICLE III PUR The purpose for which the | POSE he corporation is organized is: | A.R condition | umy |
| | | | |
| | | | |
| ARTICLE IV SHA The number of shares of | I <i>RES</i> stock is: /OO | | |
| ARTICLE V INIT | IIAL OFFICERS AND/OR DIF | RECTORS | |
| Name and Title | George Tlamber | Name and Title: | |
| Address | 4064 PLATT. S | <u>l</u> Address: | |
| | NORTHPORT + | | |
| | 34286 | | |
| Name and Title | | Name and Title: | |
| Address | | Address: | |
| | | | |
| | | | |
| Name and Title | | Name and Title: | |
| | | | |
| Address | | | |
| | | | |



| Name and Title: | Name and Title: | 15 MAR 23 AM 11:31 |
|---|--|---|
| Address | Address: | SECRETALLY OF STATE PURIDA |
| | | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable Name: Georg J (HMBen) Address: 4064 Platt 51 Northport A 34286 | | |
| ARTICLE VII INCORPORATOR | | |
| The <u>name and address</u> of the Incorporator is: | <u></u> . | |
| Name: George J CAMBERT Address: 4064 Platt ST NORTHPORT F1 | | |
| Having been named as registered agent to accept service of proc this certificate, I am familiar with and occept the appointment as | cess for the above stated corporegistered agent and agree to | oration at the place designated in act in this capacity |
| Required Signature/Registered Agent | | 23MAR 15 Date |
| I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree fe | are true. I am aware that the clony as provided for in s.817, | false information submitted in a 155, F.S. |
| Required Signature/Incorporator | | 23mARS Date |