

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

· Phone

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|-------|----------|--|--|--|

FLORIDA PROFIT/NON PROFIT CORPORATION **BLUE STAR AIRLINES CORP**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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| | 13 APR 30 PH 12: 3 |
|---|----------------------|
| ARTICLE I NAME: The name of the corporation is: | THE PROPERTY OF MAJE |
| BLUE STAR LIRLINES (| SORP , TURBA |
| ARTICLE 11 PRINCIPAL OFFICE: | |
| The principal street address and mailing address is: | |
| 3561 8W 117 AVE # 403 | |
| MILHI FL 33175 | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS ANA MEDINA (VP) | |
| The name and Florida street address (PO Box not acceptable) of the registered LINDSAY R. D.L.Z. 17834 Sw. 13 ST. PENBROKE PINES, FL. 33029 ARTICLE VI INCORPORATOR: The name and address of the Incorporation. | ed agent is: |
| 128345W 135T | |

#15000106421

Required Signatures:

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

29APR 15

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.

29 Apr 15

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