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SECRETARY OF STATE

APPROVIL

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COVER LETTER

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

SUBJECT: Val	ue Ground Support Solutions, Inc.		
Separe 1	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.0		□ \$78.75	□ \$87.50
Filing Fe	ee Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
	•	ADDITIONAL CO	PY REQUIRED
		1	
		e de la companya de	
	Steven W Hartz		
FROM:		e (Printed or typed)	
		· (
	1456 NE Ocean Blvd. 7-202		
		Address	
	Stuart FL 34996		
	City	, State & Zip	
	574-514-1929		
	Daytime '	Telephone number	
	steve@valuetooleng.com		
	E-mail address: (to be use	d 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. (Profits MAY 11 AM 11: 29

ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: Marticle III Purpose To provide Equipment, Tools, Repair and Calibration, of Equipment,	The name of the corpo	ration shall be: Value Ground Support S	olutions, Inc. SECRETARY OF STA
Principal street address Mailing address, it different is: 456 NE Ocean Blvd 7-202 fluart, FL 34996 RTICLE III PURPOSE he purpose for which the corporation is organized is: nd services to companies involved in building, testing and repair of aircraft. RTICLE IV SHARES he number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address 1456 NE Ocean Blvd. 7-202 Stuart, FL 34996 Name and Title: Name and Title: Name and Title: Address Name and Title:			IALLAHASSEE, FLOS
Stuart, FL 34996 IRTICLE III PURPOSE Iche purpose for which the corporation is organized is: and services to companies involved in building, testing and repair of aircraft. IRTICLE IV SHARES The number of shares of stock is: IRTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address I456 NE Ocean Blvd. 7-202 Stuart, FL 34996 Name and Title: Address Name and Title: Address Name and Title: Address: Name and Title: Address Name and Title:		Principal street address	
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IRTICLE IV SHARES 1000 The number of shares of stock is: IRTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Steven W Hartz, President Address Stuart, FL 34996 Name and Title:			
The number of shares of stock is: ARTICLE V	•		
IRTICLE IV SHARES 1000 The number of shares of stock is: IRTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Steven W Hartz, President Address Stuart, FL 34996 Name and Title:	RTICLE III PURA	POSE 1 the corporation is organized is:	ovide Equipment, Tools, Repair and Calibration, of Equip
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Steven W Hartz, President Address Stuart, FL 34996 Name and Title: Name and Title: Address Name and Title:	and services to compa	anies involved in building, testing and r	epair of aircraft.
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Name and Title: Address Address: Name and Title: Name and Title: Name and Title:	Address	1456 NE Ocean Blvd. 7-202	Address:
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Name and Title:		Name and Title:_	TALLAHASSEE FLORIDA	
Addre		Address: _	TO THE PARTY OF TH	
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	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable)	of the registered gags	nt ic	
Name:	Steven W Hartz	tor the registered ager	и 15.	
Address:	1456 NE Ocean Blvd. 7-202			
	Stuart, FL 34996			
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>			
The name and a	address of the Incorporator is:			
Name:	Steven W Hartz			
Address:	1456 NE Ocean Blvd. 7-202			
	Stuart, FL 34996			
Effective date, i	date is listed, the date must be specific and can	. (OP not be more than fiv		
	te inserted in this block does not meet the applicab effective date on the Department of State's records		uirements, this date will not be listed as	
Having been na this certificate, i	umed as registered agent to accept service of proce I am familial with and accept the appointment as r	ess for the above state registered agent and c	ed corporation at the place designated in Surgest to act in this capacity	
	XXX		5/5/2015	
	Required Sgnature/Registered Agent		Date	
l submit this do document to the	ocument and affirm that the facts stated herein as Department of State constitutes a third degree felo	re true. I am aware i ony as provided for it	that the false information submitted in an asset 1.85, F.S.	
	XX		5/5/2015	
Requ	uired Signature Incorporator		Date	