

P15000052452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

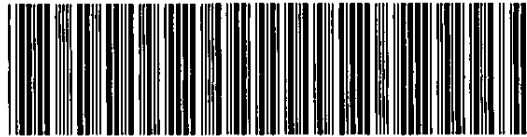
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 JUN 15 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JUN 18

**COVER LETTER**

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

SUBJECT: \_\_\_\_\_

Avius Group 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: \_\_\_\_\_

Kelly England

Name (Printed or typed)

779 Commerce Dr. Ste #11

Address

VENICE, FL 34292

City, State & Zip

(941) 525-8265

Daytime Telephone number

Kelly@aeronautopholstery.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: Avius Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

779 Commerce Dr. Ste #11

Venice, FL 34292

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Upholstery of commercial aircraft seats. FAA certified 145 repair shop.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jeff Schluter, CEO

Address: 1008 PONDEROSA Rd.  
Venice, FL 34293

Name and Title: Kelly Engano, CMO

Address: 5301 Noelanoor Dr.  
Port Charlotte, FL 33981

Name and Title: Robin Schluter, COO

Address: 1008 PONDEROSA Rd.  
Venice, FL 34293

Name and Title: Josh Barton, CMO

Address: 4361 Bayano St.  
North Port, FL 34287

Name and Title: Terry Nichols, CFO

Address: 823 E. Seminole Dr.  
VENICE, FL 34293

Name and Title: Gayle Harrison, Secretary

Address: 2981 Fiesta Dr.  
Venice, FL 34293

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: Kelly England  
Address: 5301 Norlanose Dr.  
Port Charlotte, FL 33981

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Kelly England  
Address: 5301 Norlanose Dr.  
Port Charlotte, FL 33981

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

\_\_\_\_\_  
Required Signature/Registered Agent  
6-12-2015  
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.*

\_\_\_\_\_  
Required Signature/Incorporator  
6-12-2015  
Date