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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
Paclantic Air, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

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15 JUN 19 PM 1:04  
TALLAHASSEE, FLORIDA

RECEIVED  
15 JUN 19 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/22/15

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15 JUN 19 PM 1:04

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I. NAME**

The name of the corporation shall be: PACANTIC AIR, INC.

**ARTICLE II. PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

27 West High Point Road

Stuart, Florida

**ARTICLE III. PURPOSE**

The purpose for which the corporation is organized is:

Lease of an airplane and, further, to engage in any activity within the purposes for which corporations may be formed  
under Florida Statutes.

**ARTICLE IV. SHARES**

5,000

The number of shares of stock is:

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

Name and Title: Lawrence L. Brook, Pres and Secy/Treas Name and Title:

Address: 27 West High Point Road Address:

Stuart, Florida 34997

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: NRAI Services, Inc.  
Address: 1200 South Pine Island Road  
Plantation, Florida 33324

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Evonne Xu, Esq.  
Address: 450 W Fourth Street  
Royal Oak, MI 48067

**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

Cathi J. Wall Cathi J. Wall, Asst. Secretary  
Required Signature/Registered Agent

6/19/2015  
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.817.133, F.S.

[Signature]  
Required Signature/Incorporator

6/19/2015  
Date