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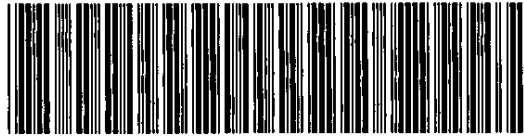
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. Burch OCT 8 2015

COVER LETTER

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

SUBJECT: Castro Aerospace Corporation

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Luis Gabriel Castro Contreras
Name (Printed or typed)

6455 Argyle Forest BLVD APT 604
Address

Jacksonville FL, 32244
City, State & Zip

1-904-554-7630/1-470-985-0095
Daytime Telephone number

Eng.Avionics.Castro@gmail.com / Luis.Castro@delta.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: Castro Aerospace Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

6455 Argyle Forest blvd. Apt. 604

Jacksonville FL, 32244

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Aviation Contractor who will supply the man power for ATR Projects

in the aviation industries. Example: gogoair WiFi installs and LED mods for Delta Airplanes etc.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis G. Castro/President(CEO)

Address 6455 argyle forest blvd apt. 604

Jacksonville FL, 32244

Name and Title: Jacqueline Cotto/Executive Accountant

Address: 5589 Pacific Blvd. Apt. 3610

Boca Raton FL, 33433

Name and Title: Miguel Leon/Field Engineer (Manager)

Address 2127 Cherokee Cove Trl.

Jacksonville FL, 32221

Name and Title: Joshua Young/Analyst & Coordinator

Address: 700 Eucl Dr McDonough

Ga, 30252

Name and Title: _____

Address _____

Name and Title: _____

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: Luis G. Castro
Address: 6455 Argyle Forest BLVD Apt. 604
Jacksonville FL, 32244

ARTICLE VII INCORPORATOR

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

Name: Luis G. Castro
Address: 6455 Argyle Forest BLVD Apt. 604
Jacksonville FL, 32244

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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

01/10/15
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

01/10/15
Date