

P 15000083307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

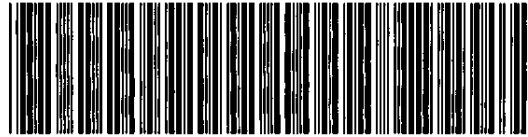
(Document Number)

Certified Copies _____ Certificates of Status _____

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15 OCT -2 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/9/15

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: FOX AVIATION MANAGEMENT, LLC

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

PINA YADONISI

Contact Person

CASYA BUSINESS SOLUTIONS CORP.

Firm/Company

15800 PINES BLVD SUITE 331

Address

PEBROKE PINES, FL 33027

City, State and Zip Code

CASYABUSINESS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PINA YADONISI at (954) 3625194

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2015

PINA YADONISI
15800 PINES BOULEVARD
SUITE 331
PEMBROKE PINES, FL 33027

SUBJECT: FOX AVIATION MANAGEMENT INC.
Ref. Number: W15000062420

RECEIVED OCT 02 2015

We have received your document for FOX AVIATION MANAGEMENT INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 215A00019869

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15 OCT -2 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED

15 OCT -2 PM 3:09

SECRETARY OF STATE

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

FOX AVIATION MANAGEMENT LLC

Enter Name of Other Business Entity

L15000146812

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY

(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA

(Enter state, or if a non-U.S. entity, the name of the country)

on 08/31/2015

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

FOX AVIATION MANAGEMENT INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 09/10/2015

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2)** must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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.

Signed this 10 day of SEPTEMBER, 2015.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: [Signature]

Printed Name: FRANCISCO ANGARITA Title: _____

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: FRANCISCO ANGARITA Title: MGR

Signature: [Signature]

Printed Name: JORGE RODRIGUEZ Title: MGR

Signature: [Signature]

Printed Name: BRIGIDO NATERA Title: MGR

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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15 OCT -2 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED

ARTICLE I NAME

The name of the corporation shall be: FOX AVIATION MANAGEMENT INC.

15 OCT -2 PM 3:09

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal street address

Mailing address, if different is:

14600 NW 42ND AVENUE

14600 NW 42ND AVENUE

OPA LOCKA, FL 33054

OPA LOCKA, FL 33054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE ANTONIO REMUDO - PD

Address: 14600 NW 42ND AVENUE

OPA LOCKA, FL 33054

Name and Title: JORGE RODRIGUEZ - SD

Address: 14600 NW 42ND AVENUE

OPA LOCKA, FL 33054

Name and Title: _____

Address: _____

Name and Title: FRANCISCO ANGARITA - SD

Address: 14600 42ND AVENUE

OPA LOCKA, FL 33054

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

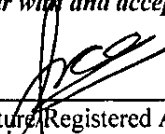
Name: CASYA BUSINESS SOLUTIONS, CORP
Address: 15800 PINES BLVD SUITE 331
PEMBROKE PINES, FL 33027

ARTICLE VII INCORPORATOR

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

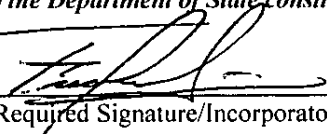
Name: FRANCISCO ANGARITA
Address: 14600 NW 42ND AVENUE
OPA LOCKA, FL 33054

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

09/08/2015
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

09/08/2015
Date

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TALLAHASSEE, FLORIDA