P15000083576

(Requestor's Name)		
(Addre	ess)	
(Address)		
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
, 		





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SECRETARY OF STATE TALLAHASSEE, FLORIBA

10/2



COVER LETTER

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

SUBJECT:	Destiny Aero G	Solutions J	Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)		
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 ADDITIONAL CO	& Certificate of Status		
FROM: Marisel Lazo					
FROM: Marisel Lazo Name (Printed or typed) 7341 SW 14 S+ Address					
Migmi, Fl. 33144 City, State & Zip					
(786) 409 - 5805 Daytime Telephone number					
<u>Cestingaero solutions inc. @ amail.com</u> E-mail address: (to be used for future annual report not Acation)					

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 corporat	ion shall be: Destiny Acr	ro Solutions	Inc.
ARTICLE II PRINC	,		ress, if different is:
7341 Su) 14 St		
Miami, F	1. 33144		
	ne corporation is organized is:		1awful
business			
			15 C
			00T - 6
ARTICLE IV SHARE The number of shares of s	ess stock is:		PH 2: 43
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		•
Name and Title:	Marisel Lazo/Directo	Name and Title:	
Address	7341 SW 14 St	Address:	11.200.01
	Miami, F1. 33144	· ———	
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:
Address	.	Address:
ARTICLE VI REGIST	TERED AGENT treet address (P.O. Box NOT acceptable) of	the registered agent is:
Name: MC	arisel Lazo	
Address: 7	341 SW 14 St	
M	ami, F1. 33144	
ARTICLE VII INCOR	<u>PORATOR</u>	
The <u>name and address</u> o	f the Incorporator is:	
Name:	Marisel Lazo	
Address:	7341 SW 14 St	
	Miami, Fl. 33144	
(If an effective date is li- days after the filing.)	an the date of filing: 100 , 50 sted, the date must be specific and cannot	be more than five business days prior or 90 business
	I in this block does not meet the applicable s date on the Department of State's records.	tatutory filing requirements, this date will not be listed as
Having been named as rethis certificate, I am fami	egist ored agent t o accept service of process lkg with and accept the appointment as regi	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
	and affirm that the facts stated herein are to nent of State computates a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
Required Sign	hure neorporato	Date

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