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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 : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

****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
AVIATION LOGISTICS CENTER, INC.**

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

15 OCT 27 PM 3:04

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 OCT 27 AM 6:01

FILED

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: AVIATION LOGISTICS CENTER, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
6426 Woodbury Road
Boca Raton, FL 33433Mailing address, if different is:
6426 Woodbury Road
Boca Raton, FL 33433**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Wholesale**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Juan Pablo Snopek, DirectorAddress 6426 Woodbury Road
Boca Raton, FL 33433Name and Title: Juan Pablo Snopek, PresidentAddress: 6426 Woodbury Road
Boca Raton, FL 33433

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Juan Pablo Snopek
Address: 6426 Woodbury Road
Boca Raton, FL 33433

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Juan Pablo Snopek
Address: 6426 Woodbury Road
Boca Raton, FL 33433

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 in 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.

* [Signature]
Registered Signature/Registered Agent

10/27/2015
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.817.135, F.S.

* [Signature]
Registered Signature/Incorporator

10/27/2015
Date