

12/9/2015

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Division of Corporations
 Florida Department of
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 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.
 Account Number : I20000000082
 Phone : (305)871-0889
 Fax Number : (305)870-9623

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TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION
 PRECISE AIRCRAFT PARTS INC**

Certificate of Status	1
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T. O'NEILL DEC 10 2015

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Division of Corporations

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Corporate Filing Menu

Help

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: PRECISE AIRCRAFT PARTS INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

4530 N. HIATUS RD, STE 115

4530 N. HIATUS RD, STE 115

SUNRISE, FL 33351

SUNRISE, FL 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: _____

Address: JUNAID PEERANI

Address: _____

4530 N. HIATUS RD, STE 115

SUNRISE, FL 33351

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: JUNAID PEERANI
 Address: 4530 N. HIATUS RD, STE 115
 SUNRISE, FL 33351

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JUNAID PEERANI
 Address: 4530 N. HIATUS RD, STE 115
 SUNRISE, FL 33351

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2016 - 01/01/16 (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 agree to the appointment as registered agent and agree to act in this capacity*_____
Required Signature/Registered Agent12/4/2015
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 §17.155, F.S.*_____
Required Signature/Incorporator12/4/2015
Date

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA