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T. SCOTT



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR -9 AM 9:57

COVER LETTER

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

SUBJECT: Proplock USA, Inc.

(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Wayne Cappe

Name (Printed or typed)

18844 SW 293 Terrace

Address

Homestead, FL 33030

City, State & Zip

(305) 238-0774

Daytime Telephone number

wayne.cappe@waynesaircraft.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: Proplock USA, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18844 SW 293 Terrace

Homestead, FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business.

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SECRETARY OF STATE
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ARTICLE IV SHARES

The number of shares of stock is: 999

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rudolph Wayne Cappe, Director

Name and Title: Cory Cappe, Director

Address 18844 SW 293 Terrace

Address: 18844 SW 293 Terrace

Homestead, FL 33030

Homestead, FL 33030

Name and Title: Luis Luisis, Director

Name and Title:

Address 15925 SW 140 Street

Address:

Miami, FL 33196

Name and Title:

Name and Title:

Address

Address:

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: Rudolph Wayne Cappe _____

Address: 14300 SW 129 Street, Hangar 7 _____

Miami, FL 33186 _____

ARTICLE VII INCORPORATOR

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

Name: Rudolph Wayne Cappe _____

Address: 14300 SW 129 Street, Hangar 7 _____

Miami, FL 33186 _____

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

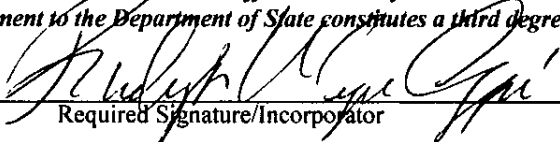


Required Signature/Registered Agent

3/2/16

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

3/2/16

Date