

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000169785 3)))



H160001697853ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

16 JUL 14 PM 4:38

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
APS AVIATION CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED

16 JUL 14 AM 10:24

FILED

H16000169785

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

APS Aviation Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3900 Mary St

Suite 116

Coconut Grove FL 33133

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Roberto Gude - President

Christopher Nwara - Vice President

Scott Leon - Secretary

Raj K Khanduwa - Treasurer

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Scott Leon

3900 Mary St Suite 116

Coconut Grove FL 33133

ARTICLE VI INCORPORATOR: The name and address of the incorporator is:

Roberto Gude

3900 Mary St Suite 116

Coconut Grove FL 33133

H16000169785

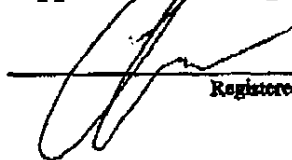
FILED
16 JUL 14 AM 10:24

9

H16000169785

Required Signatures:

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

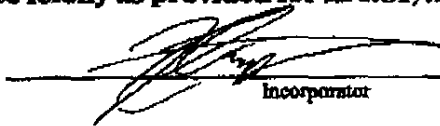


Registered Agent

07/12/16

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.



Incorporator

7/12/16

Date

H16000169785