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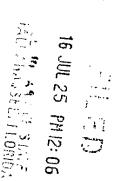
(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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AUG 1 2016 S. GILBERT

#### **COVER LETTER**

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

	Aviation Inc.		
SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	JDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:
\$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
	ema M. Fallon Nam	e (Printed or typed)	<del></del>
142	86 Beach Blvd. #19-222		
		Address	
Jac	ksonville, Florida 32250		
	City	, State & Zip	
(90	4) 853-0359		
<del></del>	Daytime 7	Telephone number	
nfal	lon@merlin-aviation.com		
	E-mail address: (to be use	ed for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.

# Articles of Incorporation of Merlin Aviation Inc.

16 JUL 25 PM 12: U6

#### Article I: Name

The name of this corporation shall be Merlin Aviation Inc.

# **Article II: Principal Office**

The principal office and mailing address of the corporation shall be located at:

Principal Street Address
14286 Beach Blvd #19-222
Jacksonville, Florida
32250

Mailing Address 14286 Beach Blvd #19-222 Jacksonville, Florida 32250

### Article III: Purpose

This corporation is organized for the purpose of any and/or all lawful business permitted under the laws of the United States of America and of the State of Florida.

## **Article IV: Shares**

The corporation will authorize the following number of shares of stock: 10,000,000

The shareholders will be required to first offer their shares to the corporation before selling to other parties.

#### Article V: Initial Officers and/or Directors

The following person will be the initial director of the corporation:

Name: Neema M. Fallon

Street Address: 14286 Beach Blvd #19-222 City, State, Zip: Jacksonville, Florida 32250

The following person will be elected to fill the respective office:

President: Neema M. Fallon

Street Address: 14286 Beach Blvd #19-222 City, State, Zip: Jacksonville, Florida 32250

Telephone: (904) 373-8252

#### **Article VI: Registered Agent**

The name and address of the registered agent of the corporation is:

Name: Neema M. Fallon

Street Address: 14286 Beach Blvd #19-222 City, State, Zip: Jacksonville, Florida 32250

### Article VII: Incorporator

The name and address of the Incorporator is:

Name: Neema M. Fallon

Street Address: 14286 Beach Blvd #19-222 City, State, Zip: Jacksonville, Florida 32250

### Article VIII: Effective Date

The effective date of this corporation will be July 25, 2016.

Having been named as register 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 Signature

7-25-2016 Date

I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of Sate constitutes a third degree felony as provided for in s.817.155, F. S.

Incorporator Signature

7-25-2016