

PI 6 0000 67218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

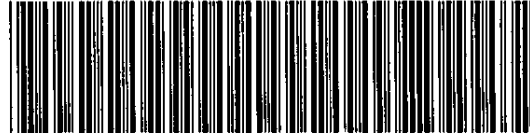
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/29/16--01007--001 **70.00

2016 JUL 29 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2016

DIMAS A JOVEL
101 NW 42ND WAY
DEERFIELD BEACH, FL 33442

SUBJECT: AERO SOUTH FLORIDA INC.
Ref. Number: W16000054637

2016 JUL 29 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for AERO SOUTH FLORIDA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 016A00016617

COVER LETTER

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

SUBJECT: AERO SOUTH FLORIDA 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: DIMAS A JOVEL

Name (Printed or typed)

101 NW 42ND WAY

Address

DEERFIELD BEACH FL 33442

City, State & Zip

305-992-3211

Daytime Telephone number

JOYELTONY@GMAIL.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: AERO SOUTH FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
101 NW 42ND WAY
DEERFIELD BEACH FL 33442

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO DO ANY LAWFULLY OPERATIONS ALLOWED BY LAW

ARTICLE IV SHARES

The number of shares of stock is: 100 ONE HUNDRED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIMAS A JOVEL PRESIDENT/VP

Name and Title: _____

Address 101 NW 42ND WAY

Address: _____

DEERFIELD BEACH FL 33442

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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

2016 JUL 29 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: DIMAS A JOYEL
Address: 101 NW 42 WAY
DEERFIELD BEACH FL 33442

ARTICLE VII INCORPORATOR

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

Name: DIMAS A JOYEL
Address: 101 NW 42 WAY
DEERFIELD BEACH FL 33442

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

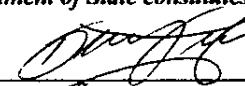


Required Signature/Registered Agent

08/11/2016

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

08/11/2016

Date