

P/6 000075/56

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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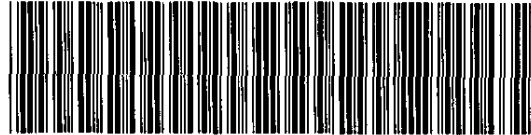
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/06/16--01033--010 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP - 6 PM 12:35

09/13/16

COVER LETTER

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

SUBJECT: Action Helicopters, 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: Landsman & Associates, P.A.

Name (Printed or typed)

1920 E. Hallandale Beach Boulevard #802

Address

Hallandale Beach, Florida 33009

City, State & Zip

3058915868

Daytime Telephone number

llandsman@mindspring.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: Action Helicopters, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1920 E. Hallandale Beach Boulevard #802

Hallandale Beach, Florida 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All legal business purposes.

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Pomeranz, DP

Name and Title: _____

Address 1920 E. Hallandale Beach Boulevard #802

Address: _____

Hallandale Beach, Florida 33009

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Lisa Landsman, as Registered Agent

Address: Landsman & Associates, P.A.

1920 E. Hallandale Beach Blvd #802, Hallandale

ARTICLE VII INCORPORATOR

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

Name: Mark Pomeranz, as Incorporator

Address: 1920 E. Hallandale Beach Blvd #802, Hallar

Hallandale Beach, Florida 33009

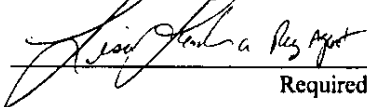
ARTICLE VIII EFFECTIVE DATE:

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

August 30, 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

August 30, 2016

Date

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