

NOV/03/2016/THU 01:00 PM

FAX No.

P. 001

P1600002718353

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
OASIS AIRCRAFT SALES & REPAIRS, INC.**

Certificate of Status	0
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FAX No.

P. 002

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: OASIS AIRCRAFT SALES & REPAIRS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2633 W 69th TERR

HIALEAH, FL 33016

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS SAUCEDO (P/S/D)

Address 2633 W 69th TERR

HIALEAH, FL 33016

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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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: LUIS SAUCEDO
Address: 2633 W 69th TERR
HIALEAH, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS SAUCEDO
Address: 2633 W 69th TERR
HIALEAH, FL 33016

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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
11/03/2016
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
11/03/2016
Date