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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
AMERICAN GLOBAL AEROSPACE GROUP, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

REGISTRATION
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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COVER LETTER

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

SUBJECT: AMERICAN GLOBAL AEROSPACE GROUP, 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: AMANDA SARKISSIAN
Name (Printed or typed)

645 N.W. 170TH TERRACE
Address

PEMBROKE PINES, FL 33028
City, State & Zip

305-318-2133
Daytime Telephone number

AMANDA.SARKISSIAN@OUTLOOK.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: AMERICAN GLOBAL AEROSPACE GROUP, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 645 N.W. 170TH TERRACE
PEMBROKE PINES, FL 33028
Mailing address, if different is: SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LEGAL MATTERS

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>AMANDA SARKISSIAN, PRESIDENT</u>	Name and Title:	<u>KAYA KEBLIKCI, VICE PRESIDENT</u>
Address:	<u>645 N.W. 170TH TERRACE</u> <u>PEMBROKE PINES, FL. 33028</u>	Address:	<u>645 N.W. 170TH TERRACE</u> <u>PEMBROKE PINES, FL. 33028</u>

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

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

2017 NOV - 1 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: AMANDA SARKISSIAN
 Address: 645 N.W. 170TH TERRACE
PEMBROKE PINES, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: AMANDA SARKISSIAN
 Address: 645 N.W. 170TH TERRACE
PEMBROKE PINES, FL 33028

ARTICLE VIII EFFECTIVE DATE: OCTOBER 24, 2017 (OPTIONAL)

Effective date, if other than the date of filing: _____
 (If no effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Amanda Sarkissian _____ 10/24/17
 Required Signature/Registered Agent 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.

Amanda Sarkissian _____ 10/24/17
 Required Signature/Incorporator Date