

# P17006101524

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

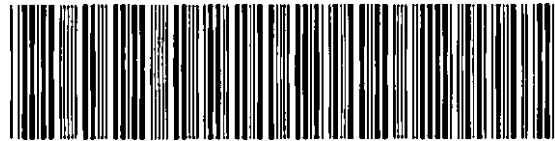
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**C RICO**  
DEC 28 2017

2017 DEC 28 PM 3:30  
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## COVER LETTER

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

**SUBJECT:** AVIATION ASSET MANAGEMENT INC. OF FLORIDA

(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: William H. Crawford  
\_\_\_\_\_  
Name (Printed or typed)  
  
1330 Thomasville Road  
\_\_\_\_\_  
Address  
  
Tallahassee, FL 32303  
\_\_\_\_\_  
City, State & Zip  
  
850-386-5777  
\_\_\_\_\_  
Daytime Telephone number  
  
william@teslawfirm.net  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2017 DEC 28 2:13 PM

6-11-17

**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: AVIATION ASSET MANAGEMENT INC. OF FLORIDA

### ARTICLE II PRINCIPAL OFFICE

Principal street address  
12741 Miramar Parkway

Suite 105

Miramar FL 33027

Mailing address, if different is:

98 Atlantic Ave

North Hampton NH 03862

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

### ARTICLE IV SHARES

The number of shares of stock is: 1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark D. Halsor, Pres. & Dir.

Address: 98 Atlantic Ave

North Hampton NH 03862

Name and Title: Nicholas A. Miller, Dir.

Address: 98 Atlantic Ave

North Hampton NH 03862

Name and Title: Dave A. Miller, CEO & Dir.

Address: 98 Atlantic Ave

North Hampton NH 03862

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Shaun P. Halsor, Dir.

Address: 98 Atlantic Ave

North Hampton NH 03862

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: William H. Crawford  
Address: 1330 Thomasville Road  
Tallahassee FL 32303

**ARTICLE VII INCORPORATOR**

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

Name: William H. Crawford  
Address: 1330 Thomasville Road  
Tallahassee FL 32303

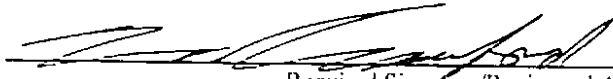
**ARTICLE VIII EFFECTIVE DATE:**

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 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*

  
Required Signature/Registered Agent

12/28/2017  
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

12/28/2017  
Date