

P17000 101524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

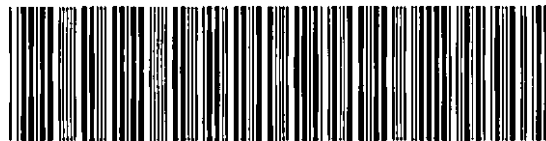
(Business Entity Name)

(Document Number)

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

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**C RICO**  
DEC 28 2017

2017 DEC 28 PM 3:30

2017 DEC 28 PM 3:52

FILED

**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 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: 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 OCT 28 2:13 PM  
Filing

**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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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: \_\_\_\_\_

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

2017 DEC 28 11 03:03  
 TALLAHASSEE, FL  
 STATE OF FLORIDA  
 DEPARTMENT OF STATE

**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