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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
AVIATION ONE ONE CORP

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

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03/08/2018 12:43 3056339696 CORP USA PAGE 01/04

COVER LETTER

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

SUBJECT: AVIATION ONE ONE CORP
(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: JORGE RAMIREZ
Name (Printed or typed)

8306 MILLS DR STE 641
Address

MIAMI FL 33183
City, State & Zip

786 444-6302
Daytime Telephone number

JORGELUIZ582@YAHOO.COM
E-mail address: (to be used for future annual report notification)

NOTE: **Please provide the original and one copy of the articles.**

CUST. # 20922

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 ONE ONE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8306 MILLS DR STE 621
MIAMI FL 33183

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: BUY AND SELL AIRPLANE PARTS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JORGE RAMIREZ - PRESIDENT
Address: 8306 MILLS DR STE 621 MIAMI FL 33183

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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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: JORGE RAMIREZ

Address: 8306 MILLS DR STE 691
MIAMI FL 33183

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JORGE RAMIREZ

Address: 8306 MILLS DR STE 691
MIAMI FL 33183

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.

(X) _____ 3/2/18
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.

(Y) _____ 3/7/18
Required Signature/Incorporator Date