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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
TAKE OFF AVIATION INC

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M. MOON

APR 11 2018

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: TAKE OFF AVIATION INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

8600 NW 53RD TERRACE #204

DORAL, FL 33166

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCO PASMAN FERREIRA (P)

Name and Title:

Address 8600 NW 53RD TERRACE

Address:

#204

DORAL, FL 33166

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARCO PASMAN FERREIRA
 Address: 8600 NW 53RD TERRACE #204
DORAL, FL 33166

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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:


Name: MARCO PASMAN FERREIRA
 Address: 8600 NW 53RD TERRACE #204
DORAL, FL 33166

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*

 04/10/2018
 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.

 04/10/2018
 Required Signature/Incorporator Date