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(Requestor's Name)

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(Address)

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

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

PICK-UP     WAIT     MAIL

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

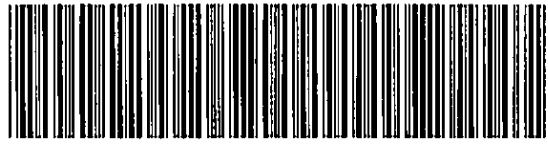
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18 MAY 24 PM 12:25  
SECRETARY OF STATE  
HALLMARK



Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Paragon Airplane Leasing Co. (F06000004120)

DATE: May 9, 2018

Dear Sir/Madam

This is regarding our Application to Withdraw as a Foreign Corporation doing business in the State of Florida. At the same time of this application, we are filing to do business in Florida as a For Profit Corporation. We originally were filed in Michigan but Paragon Airplane Leasing Co. no longer does business in Michigan, only in Florida.

We want to keep our name referenced above and use it for the new For Profit Corporation filing.

Thank you for your assistance and please contact me with any questions at 239-274-3170.

Regards

Sarah A. Schoensee

Director

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18 MAY 24 PM 12:23  
SECRET  
MAIL ROOM

**COVER LETTER**

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

**SUBJECT:** Paragon Airplane Leasing Co.  
**(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:** Sarah A. Schoensee  
Name (Printed or typed)

511 Danley Drive  
Address

Ft. Myers, FL 33907  
City, State & Zip

239-274-3170  
Daytime Telephone number

sschoensee@paragonflight.com  
E-mail address: (to be used for future annual report notification)

SECRET  
TALLAHASSEE

18 MAY 24 PM 12: 29

FILED

**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** Paragon Airplane Leasing Co.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
511 Danley Drive \_\_\_\_\_  
Ft. Myers, FL 33907 \_\_\_\_\_

**ARTICLE III PURPOSE** Leasing of Aircraft  
The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES** sixty (60) thousand  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	Sarah A. Schoensee, Director	Name and Title:	Christopher Schoensee
Address	511 Danley Drive Ft. Myers, FL 33907	Address:	511 Danley Drive Ft. Myers, FL 33907

Name and Title:	Jeffrey Wolf, Director	Name and Title:	_____
Address	511 Danley Drive Ft. Myers, FL 33907	Address:	_____

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

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18 MAY 24 PM 12:29  
SECRETARY  
STATE OF FLORIDA

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: Sarah A. Schoensee  
 Address: 511 Danley Drive  
 Ft. Myers, FL 33907

**ARTICLE VII INCORPORATOR**

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

Name: Sarah A. Schoensee  
 Address: 511 Danley Drive  
 Ft. Myers, FL 33907

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 SECRETARY  
 STATE OF FLORIDA

**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

05/18/2018  
 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

05/18/2018  
 Date