Ordin seart of Castal 305 Elevatic tile avyrache

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000045173)))



H190000045173ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | | | | |
|-------|----------------|---|--|--|
| | Division of Co | rporations | | |
| | Fax Number | : (850)617-6381 | | |
| From: | | | | |
| | Account Name | : LAZARUS CORPORATE FILING SERVICE, INC. | | |
| | Account Number | : T20000000019 | | |
| | Phone | : (305)552-5973 | | |
| | fax Number | : (305)675-5944 | | |
| | | ress for this business entity to be used for future ilings. Enter only one email address please.** | | |
| | Email Address: | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION WG AIR SERVICES & REPAIR, CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

MARTICLE I NAME: The name of the corporation is:

| NG AIR SCRUICES & REPAIR, CORP | | |
|---|----------|-----|
| ARTICLE II PRINCIPAL OFFICE: | | |
| The principal street address and mailing address is: | | |
| 11050 NW 3TERR. WIAMI | | |
| FORIDA 33172 | | |
| | | |
| | | |
| ARTICLE III SHARES: The number of shares of stock is: | | |
| ARTICLE IV INITIAL DIPROTORS AND ARE | | |
| WILFREDO 60 WEALEZ (P) | | |
| TO THE TOTAL (1) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: | | |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: | | |
| - Wilfredo Gonzalez | | |
| 11050 NW 3 Teer | | |
| MIAMI FL 33172 | 9 | |
| | JAN - | Ξ |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is | → | LED |
| Wilfredo Gonzalez 5 | AH 3: (| 0 |
| 11050 NW 3 TERR. | : 05 | |
| MIAMI FL. 32177 | | |

Required Signatures:

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

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.

Incorporator Date

19 JAN -4 AM 3: 05