

P190000 60352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

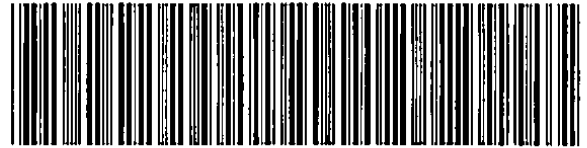
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AUG 06 2019



300331915423

FILING CANCELLED
DUE TO RETURNED CHECK

19 JUL 29 6:11:09

COVER LETTER

19 JUL 23 4:11:09

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

**FILING CANCELLED
DUE TO RETURNED CHECK**

SUBJECT: Aloft Worldwide Trading, Inc.
(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: Leonardo Cedeno
Name (Printed or typed)

340 W 19th ST, Apt #4
Address

Hialeah, FL 33010
City, State & Zip

786-366-6605
Daytime Telephone number

leonardocedeno5@gmail.com
E-mail address: (to be used for future annual report notification)

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

DUE TO RETURNED CHECK

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: A10ft Worldwide Trading, Inc. 19 JUL 23 4:11:09ARTICLE II PRINCIPAL OFFICEPrincipal street address
340 W 19th ST

Mailing address, if different is:

Apt #4Highland, FL 33010ARTICLE III PURPOSEThe purpose for which the corporation is organized is: TO purchase and sell aviation
parts and aircraft.ARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Leonardo Gerteno, President Name and Title: _____Address 340 W 19th ST Address: _____Apt #4 _____Highland, FL 33010 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

**FILING CANCELLED
DUE TO RETURNED CHECK**

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

19 JUL 23 8:11:10

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: LEONARDO CEDENO
Address: 340 W 19TH ST, APT #4
MICHAEL, FL 33010

ARTICLE VII INCORPORATOR

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

Name: LEONARDO CEDENO
Address: 340 W 19TH ST, APT #4
MICHAEL, FL 33010

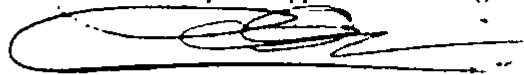
ARTICLE VIII EFFECTIVE DATE:

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

7-10-19

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

7-10-19

Date