

P19000074476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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MAIL

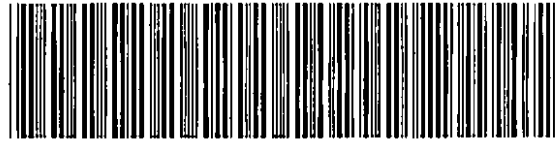
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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10/04/19--01002--002 **70.00

19 OCT -3 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 OCT -3 AM 10:40

FILED

OCT 07 2019

A. Brambley

COVER LETTER

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

SUBJECT: Executive Jet Solutions 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Alex Pina

Name (Printed or typed)

8400 NW 36th St Ste 450

Address

Doral, FL 33166

City, State & Zip

844-941-1120

Daytime Telephone number

client@alexpina.co

E-mail address: (to be used for future annual report notification)

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

The name of the corporation shall be: Executive Jet Solutions Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1250 S. Miami Ave Unit 901

Mailing address, if different is:

Miami, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Purpose.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis D Castro - President

Name and Title:

Address 1250 S. Miami Ave Unit 901

Address:

Miami, FL 33130

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
TALLAHASSEE, 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: Alex Pina co. _____

Address: 8400 NW 36th St Ste 450 _____

Doral, FL 33166 _____

ARTICLE VII INCORPORATOR

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

Name: Luis D Castro _____

Address: 1250 S. Miami Ave Unit 901 _____

Miami, FL 33130 _____

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

10/03/2019

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

10/03/2019

Date