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DATE: 10/21/19

NAME: WALCOTT AVIATION, INC.

TYPE OF FILING: ARTICLES

COST: 87.50

RETURN: CERTIFIED COPY AND GOOD STANDING

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: WALCOTT AVIATION, 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: YOLANDA ROBINSON
Name (Printed or typed)
4020 W. GOELLER BLVD, SUITE B
Address
COLUMBUS, IN 47201
City, State & Zip
(812) 342 - 9589
Daytime Telephone number
MRONGE@GIBBRIVER.COM
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: WALCOTT AVIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

937 E. 11TH AVENUE

TAMPA, FL 33605

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH A CORPORATION MAY BE ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

SECRETARY
2019 OCT 21 AM 9:27
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIUS RONGE, DIRECTOR

Name and Title: MARIUS RONGE, PRESIDENT

Address 937 E. 11TH AVENUE

Address: 937 E. 11TH AVENUE

TAMPA, FL 33605

TAMPA, FL 33605

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: MARIUS RONGE
Address: 937 E. 11TH AVENUE
TAMPA, FL 33605

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DANIEL CHEUNG
Address: 4020 W. GOELLER BLVD, SUITE B
COLUMBUS, IN 47201

ARTICLE VIII EFFECTIVE DATE:

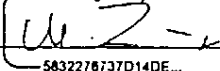
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

DocuSigned by:



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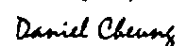
Required Signature/Registered Agent

October 18, 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.

DocuSigned by:



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Required Signature/Incorporator

October 19, 2019

Date