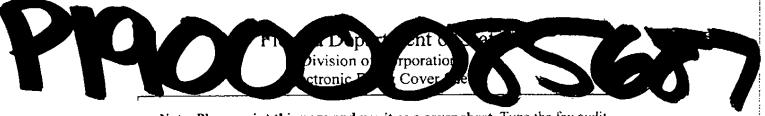
Division of Corporations

Page 1 of 1



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.

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<u></u>	page. Doing so will generate another cover sheet.	NOV 18
To:		8 2010
	Division of Corporations	运
	Fax Number : (850)617-6381	
From:	Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (718)889-7420	
*Enter the email annual report	address for this business entity to be used for future to mailings. Enter only one email address please.**. Q	

FLORIDA PROFIT/NON PROFIT CORPORATION

Unlimited aircraft restoration 55 Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

TICLE II PRIN	<u>CIPAL OFFICE</u>		Mailing address if different is	
33 Lantana Suite 32	Principal street address	2633 La	Mailing address, if different is: 2633 Lantana Suite 32 Lantana FL 33462	
intana FL 33462		Lantana		
TICLE III PURE e purpose for which	the corporation is organized is:	ngage in any lawful act o	r activity for	
hich corporations m	ov he organized.			
RTICLE IV SHA	RES of stock is: 200			
RTICLE V INIT	tle: Eric Frier /PRESIDENT	Name and Tit		
RTICLE V INIT	tle: Eric Frier /PRESIDENT 2633 Lantana Suite 32		le:	
R <i>TICLE V INIT</i> Name and Ti	tle: Eric Frier /PRESIDENT 2633 Lantana Suite 32 Lantana FL 33462	Name and Tit		
Name and Ti Address	tle: Eric Frier /PRESIDENT 2633 Lantana Suite 32	Name and Tit		
Name and Ti Address Name and Tit	tle: Eric Frier /PRESIDENT 2633 Lantana Suite 32 Lantana FL 33462	Name and Tit Address: Name and Tit		
Name and Ti Address	tle: Eric Frier /PRESIDENT 2633 Lantana Suite 32 Lantana FL 33462	Name and Tit Address: Name and Tit	e:	
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Name and Ti Address Name and Tit Address	tle: Eric Frier /PRESIDENT 2633 Lantana Suite 32 Lantana FL 33462	Name and Tite Address: Name and Tite Address: Address:	e:	

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and F	forida street address (P.O. Box NOT acce	ptable) of the registered agent is:	
Name:	Eric Frier		
Address:	2633 Lantana Suite 32		
, , , , , , , , , , , , , , , , , , , ,	Lantanu FL 33462		
	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Eric Frier		
Address:	2633 Lantana Suite 32		
	Lantana FL 33462		
	ananomile to Tit		
E O'souve date it	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL	.)
(If an effective days after the f	late is listed, the date must be specific a	id cannot be more than five busin	ess days prior or 90 business
Note: If the date	e inserted in this block does not meet the a	oplicable statutory filing requiremen	ts, this date will not be listed as
the document's	effective date on the Department of State's	records.	
Having been na this certificate, I	med as registered agent to accept service o am familiar with and accept the appointm	of process for the above stated corpo ent as registered agent and agree to	oration at the place designated is act in this capacity
	-17-		
<u>y</u>	Required Signature/Registered A	gent	Date
I submit this do document to the	cument and affirm that the facts stated h Department of State constitutes a third dep	rein are true. I am oware that the gree felony as provided for in s.817.1	false information submitted in (55, F.S.
\sim	· ~ 1-		
Red	irol signature incorporator		Date