

P20000026/51

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 MAR 25 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2020 MAR 25 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 25 2020
K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 3/25/2020

ENTITY NAME THRUST-TECH AVIATION, INC. (FILE SECOND)

2

****WALK IN****

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 70

ACCOUNT # 120160000072

W: c SW

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: Thrust-Tech 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee. Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Stanley Kowlessar
Name (Printed or typed)

6701 B NW 12 Ave
Address

Fort Lauderdale, FL 33309
City, State & Zip

954-984-0450
Daytime Telephone number

skowlessar@thrusttech.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: Thrust-Tech Aviation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6701 B NW 12 Ave, Fort Lauderdale, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stanley Kowlessar, PRESIDENT

Name and Title: _____

Address 6701 B NW 12th Ave

Address: _____

For Lauderdale, FL 33309

Name and Title: Myriam Kowlessar, VICE PRESIDENT

Name and Title: _____

Address 6701 B NW 12th Ave

Address: _____

Fort Lauderdale, FL 33309

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SEC
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: Stanley Kowlessar

Address: 6701 B NW 12 Ave

Fort Lauderdale, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stanley Kowlessar

Address: 6701 B NW 12 Ave

Fort Lauderdale, FL 33309

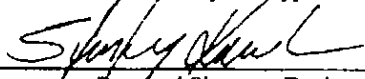
ARTICLE VIII EFFECTIVE DATE:

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

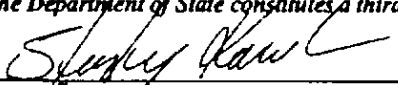


Required Signature/Registered Agent

3-23-20

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

3-23-20

Date