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(R€	equestor's Name)			
(Ad	ldress)			
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(Ci	ty/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

MQ000039727

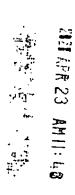
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T. SCOTT



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April 22, 2020

TONYA SMITH 4126 MCBRIDE DRIVE POWDER SPRINGS, GA 30127

SUBJECT: PREMIER FLIGHT SERVICES, INC.

Ref. Number: W20000039727

We have received your document for PREMIER FLIGHT SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 720A00008388

COVER LETTER

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

SUBJECT:	Premier Flight Services, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation an	d a check for:
☐ \$70.00 Filing Fee	·	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	Nam	erome Smith e (Printed or typed) 6 McBride Drive	
		Address prings, Georgia 30127	
	City	. State & Zip	
	404	- 632 - 6263	
_	Daytime 1	Felephone number	
		football@gmail.com	
	E-mail address: (to be use	ed 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 1 NAME The name of the corporati	on shall be:Pr	emier Flight Services, Inc.	
<u>ARTICLE II PRINCI</u>	Principal <u>street</u> address	Ma	iting address, if different is:
4126 McBride Drive			Same
Powder Sp	rings, Georgia 30127	 	
	SE To e corporation is organized is:		or major airlines around the country
· · · · · · · · · · · · · · · · · · ·			
ARTICLE W SHARE The number of shares of s ARTICLE W INITIAL		<u>RS</u>	÷ 63
Name and Title:	Tonya Smith, Director	Name and Title:	Mavis Watson, Director
	4126 McBride Drive	Address:	10208 Northwest 70th Street
	Powder Springs, Georgia 301.	27 ————————————————————————————————————	tsle of Tamarac
			Famarac, Florida 33321
	Jerome Smith, President & CEC	.) Name and Title:	Clinton Watson, CFO
	4126 McBride Drive	Address:	10208 Northwest 70th Street
	Powder Springs, Georgia 3012		Isle of Tamarac
-			Tamarae, Florida 33321
Name and Title:		Name and Title:	
Address			

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Name and Title:		Name and Title:
Address	<u>.</u>	Address:
ARTICLE VI REGIS	STERED AGENT	Coka manietamad nyant ici
The <u>name and Florida</u>	street address (P.O. Box NOT acceptable) of Eric Johnson	t the registered agent is.
Name:		-
Address:	2350 Northwest 196 Terrence	_
Miami Gardens, Florida 33056		-
ARTICLE VII INCO	<u>RPORATOR</u>	
The name and address	of the Incorporator is:	
Name:	Jerome Smith	
Address:	4126 McBride Drive	-
	Powder Springs, Georgia 30127	_
ARTICLE VIII EFF. Effective date, if other (If an effective date is filing.)	than the date of filing:	. (OPTIONAL) ot be more than five days prior or 90 days after the
Note: If the date insert the document's effective	ed in this block does not meet the applicable date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been named as this certificate, I am far	registered agent to accept service of proces miliar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
Enc Juhan		April 15, 2020
Required Signature/Registered Agent		Date
I submit this document document to the Depart	t and affirm that the facts stated herein are tment of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
		April 15, 2020
Required Si	gnature/Incorporator	Date