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.

(((H22000179962 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (385)444-4994

Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION AVIHRELOCATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

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

<u>LE II PRINC</u>	<u>CIPAL OFFICE</u> Principal street address	Mailing address,	if different is;
UOO AND			
7 TUSCANY			主:
YNTON BEA	CH, FL 33435-7814		<u> </u>
CLE III PURPOSE urpose for which the corporation is organized is: GENERAL PURPOSE		RPOSE	232 -
mose for which t	the corporation is organized is. <u>GEIVELY-VE-F-O</u>	W 00L	
		····	93
			<u></u>
CLE IV SHAL	K <u>ES</u> Fstock is: 100		
omber of shares o	RES f stock is: 100 AL OFFICERS AND/OR DIRECTORS Ic: GABRIEL E. SEJAS, PRES. Name a	nd Title:	
Name and Tit	f stock is: 100 Al. OFFICERS AND/OR DIRECTORS		
imber of shares o	f stock is:100 AI. OFFICERS AND/OR DIRECTORS Ic: GABRIEL E. SEJAS, PRESName a	i	
omber of shares o CLE V INITI Name and Tit	f stock is:100 AI. OFFICERS AND/OR DIRECTORS Ic: GABRIEL E. SEJAS, PRESName a	:	
omber of shares o CLE V INITI Name and Tit Address	f stock is: 100 AL OFFICERS AND/OR DIRECTORS Ic: GABRIEL E. SEJAS, PRES. Name a 4107 TUSCANY WAY Addres BOYNTON BEACH, FL 33435-7814		
Name and Titl	f stock is: 100 At OFFICERS AND/OR DIRECTORS le: GABRIEL E. SEJAS, PRES. Name a 4107 TUSCANY WAY Addres BOYNTON BEACH, FL 33435-7814 e: SILVIA E. DE LA CANAL, VP. Name a	nd Title:	
omber of shares o CLE V INITI Name and Tit Address	f stock is: 100 AL OFFICERS AND/OR DIRECTORS Ic: GABRIEL E. SEJAS, PRES. Name a 4107 TUSCANY WAY Addres BOYNTON BEACH, FL 33435-7814	nd Title:	
Name and Titl	f stock is: 100 At OFFICERS AND/OR DIRECTORS le: GABRIEL E. SEJAS, PRES. Name a 4107 TUSCANY WAY Addres BOYNTON BEACH, FL 33435-7814 e: SILVIA E. DE LA CANAL, VP. Name a	nd Title:	
Name and Tit Address Name and Tit Address	f stock is: 100 Al. OFFICERS AND/OR DIRECTORS le: GABRIEL E. SEJAS, PRES. Name a 4107 TUSCANY WAY Addres BOYNTON BEACH, FL 33435-7814 e: SILVIA E. DE LA CANAL, VP. Name a 4107 TUSCANY WAY Addres BOYNTON BEACH, FL 33435-7814	nd Title:	
Name and Tit Address Name and Tit Address	f stock is: 100 Al. OFFICERS AND/OR DIRECTORS le: GABRIEL E. SEJAS, PRES. Name a 4107 TUSCANY WAY Addres BOYNTON BEACH, FL 33435-7814 le: SILVIA E. DE LA CANAL, VP. Name a 4107 TUSCANY WAY Addres	nd Title:	

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI F	REGISTERED AGENT bridg street address (P.O. Box NOT accepta	ole) of the registered agent is	:
Name:	GABRIEL E. SEJAS		
Address:	4107 TUSCANY WAY		
	BOYNTON BEACH, FL 33435	-7814	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ad	ldress of the Incorporator is:		
Name:	GABRIEL E. SEJAS		
Address:	4107 TUSCANY WAY		
	BOYNTON BEACH, FL 3343	5-7814	
Effective date, if (If an effective a filling.)	EFFECTIVE DATE: other than the date of filing: date is listed, the date must be specific and inserted in this block does not meet the app	licable statutory filing requi	days prior or 90 days after the
the document's	effective date on the Department of State's re	cords.	
Having been nan cartificate. Lan 1	ned as registered agent to accept service of pr familiar with and gclept the appointment as	ocess for the above stated co registated agent and agree to	rporation at the place designated in this act in this capacity
,	Han De		5-18-2022
	Rohung Frigueture/Registered Age	mı	Date
I submit this do document to the	cument and affirm that the facts stated here Department of Slate constitutes withird degre	rin are true. I am aware th a felony as provided for in s	at the false information submitted in 817.155, F.S.
	Kun En		5-18-2022
Required Signatu			Date
	/		

2022 MAY 20 PM 12: 05
ALLAHASSEE, FLORIDZ