

P22 60006174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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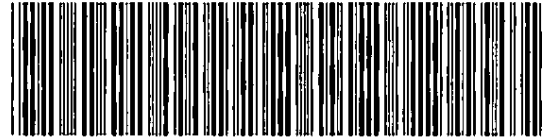
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
AUG - 4 2022

22 AUG - 3 PM 5:06

FILED IN 55111000
TALLAHASSEE, FLORIDA

2022 AUG - 3 PM 3:36

FILED IN 55111000

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 854527 3405C

AUTHORIZATION :

COST LIMIT : \$78.75

ORDER DATE : August 3, 2022

ORDER TIME : 2:58 PM

ORDER NO. : 854527-005

CUSTOMER NO: 3405C

DOMESTIC FILING

NAME: JITAIRLINES GSSA CORP.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: JITAIRLINES GSSA CORP.
(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 checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Jorge Carlos Costa Magalhães
Name (Printed or typed)

2792 NW 24th Street
Address

Miami, Florida 33142
City, State & Zip

+1 (786) 538 7964
Daytime Telephone number

info@jitairlines.us
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

22 AUG -3 PM 5:06

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: JITAIRLINES GSSA CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2792 NW 24th Street, Miami, FL 33142

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to develop airline services and airline sales representation
for aircargo.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jorge Carlos Costa Magalhães

Name and Title: João Carlos Oliveira Val Ribeiro

Address Title: President

Address: Title: Vice President

2792 NW 24th Street

2792 NW 24th Street

Miami, FL 33131

Miami, FL 33142

Name and Title: Dulce Marisa Faria

Name and Title: _____

Address Title(s): Secretary/Treasurer

Address: _____

2792 NW 24th Street

Miami, FL 33142

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

22 AUG -3 PM 0400

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jorge Carlos Costa Magalhães
Address: 1010 Brickell Avenue, Unit 1503
Miami, FL 33131

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

Eylina Baker
Assistant Vice President
Required Signature/Registered Agent

08/03/2022
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

Date Aug 03 2022

22 AUG -3 1:5:01