

p2200006772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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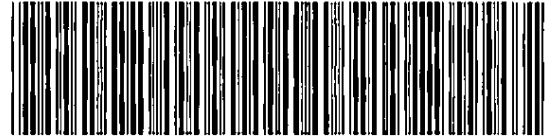
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
22 AUG 31 PM 3:21

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2022 AUG 31 PM 12:35  
ALLIANCE

## COVER LETTER

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

**SUBJECT: JDE AVIATOR USA 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
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: CHARLES S SERFATY**

Name (Printed or typed)

**4770 BISCAYNE BLVD SUITE 1430**

Address

**MIAMI, FL 33137**

City, State & Zip

**305-722.8555**

Daytime Telephone number

**CSERFATY@SERFATYLAW.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: JDE AVIATOR USA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address  
709 FIFTH ST - MIAMI BEACH 33139

Mailing address, if different is:  
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JACQUES ELALOUF

Name and Title: \_\_\_\_\_

President, Treasurer, Secretary & Director

Address 709 FIFTH ST- MIAMI BEACH 33139

Address: \_\_\_\_\_

Name and Title: LAURENT BENSOUSSAN

Name and Title: \_\_\_\_\_

Vice-President & Director

Address 709 FIFTH ST- MIAMI BEACH 33139

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: LAURENT BENSOUSSAN  
Address: 709 FIFTH ST- MIAMI BEACH 33139  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAURENT BENSOUSSANT  
Address: 709 FIFTH ST- MIAMI BEACH 33139  
\_\_\_\_\_

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**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*

LD Bensoussan 08/24/2022  
Required Signature/Registered Agent 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.*

LD Bensoussan 08/24/2022  
Required Signature/Incorporator Date