

P23UUU0011017

(Requestor's Name)

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(City/State/Zip/Phone #)

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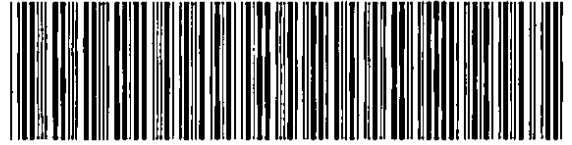
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/13/23--01007--015 **78.75

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2023 FEB 13 AM 8:12

TALLAHASSEE, FLORIDA

2023 FEB 13 AM 8:04

COVER LETTER

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

SUBJECT: Star-Line Aviation Services, 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 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: Jerry L. Harvey
Name (Printed or typed)

11 Otter Creek Road
Address

Sopchoppy, Florida 32358
City, State & Zip

(850) 510 8557
Daytime Telephone number

jharv15@gmail.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: Star-Line Aviation Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

11 Otter Creek Rd
Sopchoppy, FL 32358

Mailing address, if different is:

P.O. Box 20931
Tallahassee, Florida
32316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Aircraft Maintenance, Repair
& Overhaul, Avionics, Structural Repair, Non
Destructive Testing/Inspections.

Engineering Design Electrical/Electronics

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jerry L. Harvey, P Name and Title: _____

Address: 11 Otter Creek Rd Address: _____
Sopchoppy, FL
32358

Name and Title: Rafael Morgan, VP Name and Title: _____

Address: 8040 N 910 Creek Address: _____
Loop
Pensacola, FL 32514

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: Jerry L. Harvey
Address: 11 Otter Creek Rd
Sopchoppy, FL 32358

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jerry L. Harvey
Address: 11 Otter Creek Rd
Sopchoppy, FL 32358

2023 FEB 12 AM 10:04

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 17 Feb 2023 (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

Jerry L. Harvey
Required Signature/Registered Agent

01 Feb 2023
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.

Jerry L. Harvey
Required Signature/Incorporator

01 Feb 2023
Date