

P23000053157

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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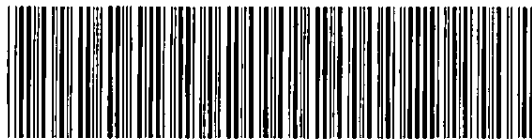
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CALL ASSISTANCE

COVER LETTER

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

SUBJECT: Aviation Quality Assurance, Inc.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Stewart A. Merkin, Esq.

Name (printed or typed)

4450 Lake Road

Address

Miami, FL 33137

City, State & Zip

305-989-3477

Daytime Telephone Number

ot@aqa.aero

E-mail address: (to be used for future annual report notification)

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Richard Kleis, President
(Name) (Title)

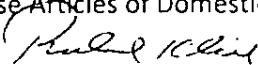
of Aviation Quality Assurance, Inc., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Aviation Quality
Assurance, Inc. (Foreign Corporation)
2. The jurisdiction and date of its formation is Rhode Island, 05-31-94
3. The name of the domesticated corporation is Aviation Quality Assurance, Inc.

4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

X



(Authorized Signature)

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ST. LUCIE COUNTY
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

AVIATION QUALITY ASSURANCE, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

7091 NW 77th Terrace

Miami, FL 33166

Mailing Address

7091 NW 77th Terrace

Miami, FL 33166

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CLERK OF DISTRICT COURT
FALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Aviation safety device and other equipment seller.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 600

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Richard Kleis

7091 NW 77th Terrace

Miami, FL 33166

HAVING BEEN NAMED AS REGISTERED AGENT AND 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

x



Signature/Registered Agent

05/19/2023
Date

ARTICLE V DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Richard Kleis, PCD

Address: 7091 NW 77th Terrace
Miami, FL 33166

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

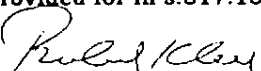
Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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.


Signature/Authorized Person

05/29/2023
Date

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CLERK OF THE
SOUTH FLORIDA
COURT REPORTERS
ASSOCIATION