

P23000067059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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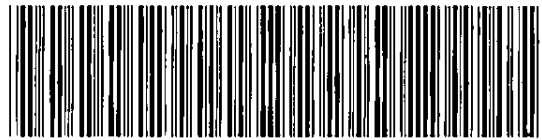
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/28/23--01038--003 **87.50

2023 AUG 28 PM 12:49
CLERK OF STATE
TALLAHASSEE, FL

FILED

T. MATTHEWS

SEP 18 2023

COVER LETTER

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

SUBJECT: FLY2ONE Acquisition 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Rash Q Clarkson
Name (Printed or typed)
924 62nd place south
Address
St. Petersburg, FL, 33705
City, State & Zip
727 303 1138
Daytime Telephone number
info@fly2oneacquisition.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Article of incorporation 2023 AUG 28 PM 12:43 acquisition

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
14718 Crescent Rock Dr
Wimauma FL 33598

Mailing address, if different from principal office address
STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Government contracting
Supply chain management

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Devon Small Director</u>	Name and Title:	<u>Rashe Clarkin Director</u>
Address	<u>14718 Crescent Rock Dr</u>	Address:	<u>924 102nd place S</u>
	<u>Wimauma FL, 33598</u>		<u>St Petersburg, FL</u>
			<u>33705</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	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: Dashe D. Clarkson

Address: 924 102nd place S

St. Petersburg FL 33705

ARTICLE VII INCORPORATOR

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

Name: Devon Chonice Small

Address: 14718 Crescent Rock Dr

Wimauma, FL 33705

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/01/2023 (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

Ken Davis
Required Signature/Registered Agent

8/24/2023
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.

[Signature]
Required Signature/Incorporator

8/24/2023
Date