

P24000037120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

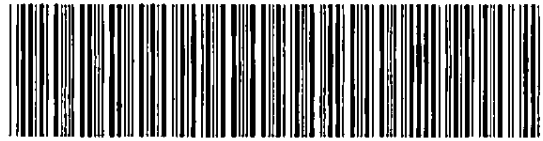
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 JUN -3 AM 9:47

06/04/24--01004-003 70.05

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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WALK IN

PICK UP: BROOK 4/5

CERTIFIED COPY

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INC

1. LACHQAR AVIATION INC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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TALLAHASSEE, FLA

COVER LETTER

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

SUBJECT: Lachgar Aviation 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: Hamid Lachgar
Name (Printed or typed)

2719 Night Hawk Ct
Address

Wekiwa Springs FL 32779
City, State & Zip

718-306-3180
Daytime Telephone number

moulayhamidlachgar@gmail.com
E-mail address: (to be used for future annual report notification)

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

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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: Lachgar Aviation INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1750 Sunshadow Dr Suite 110

Casselberry 32707

Mailing address, if different is:

1750 Sunshadow Dr Suite 110

Casselberry 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and Lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hamid Lachgar President Name and Title: _____

Address 1750 Sunshadow Dr Address: _____
Suite 110
Casselberry 32707

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE FL

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: Hamid Lachgar

Address: 1750 Sunshadow Dr
Suite 110 Casselberry 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hamid Lachgar

Address: 1750 Sunshadow Dr
Suite 110 Casselberry 32707

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06-03-2024 (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

Hamid Lachgar
Required Signature/Registered Agent

06-03-2024
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.

Hamid Lachgar
Required Signature/Incorporator

06-03-2024
Date

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