

To:

Page: 3 of 5

2024-09-09 7:23 PM CDT

Site

From: Amanda Frangion

9/9/24, 6:20 PM

Division of Corporations

P2400057857

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : 120040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
AOA - ORLANDO, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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Help

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: AOA - ORLANDO, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street addressMailing address, if different is:
7150 REPUBLIC AIRPORT SUITE 101
FARMINGDALE, NY 11735

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: FLIGHT SCHOOL

ARTICLE IV SHARES
The number of shares of stock is: 200 SHARES NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: CHRIS RICHARDSName and Title:
Address 332 BAY DRIVEAddress:
MASSAPEQUA, NY 11758
Name and Title:Name and Title:
AddressAddress:
Name and Title:Name and Title:
AddressAddress:

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: REGISTERED AGENT SOLUTIONS, INCAddress: 2894 REMINGTON GREEN LN, STE ATALLAHASSEE, FL 32308**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: CHRIS RICHARDSAddress: 332 BAY DRIVEMASSAPEQUA, NY 11758**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*/s/ Naomi Ostpowitz, Asst Secretary on behalf of Registered Agent Solutions, Inc.09-09-2024

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./s/ Chris Richards09/09/2024

Required Signature/Incorporator

Date

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