

P 95000030798

TRANSMITTAL LETTER

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

700001458467
-04/18/95--01022--007
***131.25 ***131.25

SUBJECT: BUDGET AIR EXPRESS INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: NELSON ARMORGAN
Name (printed or typed)

1360 NW 100 ST
Address

MIAMI FLORIDA 33147
City, State & Zip

(305) 693-9639
Daytime Telephone number

55 APR 17 2005

FILED

AB 4/20/95

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

FILED

ARTICLES OF INCORPORATION

95 APR 17 AM 10:55

CLERK OF COURT

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BUDGET AIR EXPRESS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1360 NW 100 ST
MIAMI, FLORIDA 33147

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 COMMON (NOW PAR)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NELSON ARMOUR
1360 NW 100 ST
MIAMI, FLORIDA, 33147

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

NELSON ARMORGAN

1360 NW 100 ST

MIAMI FL 33147

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12th day of April, 19 95

Nelson Armogan
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: BUDGET AIR EXPRESS LLC.

2. The name and address of the registered agent and office is:

NELSON ARMOGAN
(NAME)

1360 NW 100 ST
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI FLORIDA 33147
(CITY/STATE/ZIP)

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Nelson Armogan
(SIGNATURE)

4/12/95
(DATE)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT -1 AM 7:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95 000030798**

Corporate Name
BUDGET AIR EXPRESS INC

Principal Place of Business

Mailing Address

**1360 N.W. 100 ST
MIAMI, FLORIDA 33147**

REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APRIL 17, 1995

City & State

City & State

5. FEI Number

Applied For

65-0636778

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and or Director (Florida nonprofit corporations must list at least 3 directors)

1. Titles	2. Name of Officers and or Directors	3. Street Address of Each Officer and or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/S/T.	NELSON ARMOGAN	1360 NW 100 ST MIAMI, FL 33147	MIAMI, FL 33147

**4000001974444-6
-10/15/96-01156-019
****383.75 ****383.75**

8/21/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**NELSON ARMOGAN
1360 NW 100 ST
MIAMI, FL 33147**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

10. I, _____, appointed the registered agent of the above named corporation. I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Nelson Armogan

REGISTERED AGENT MUST SIGN

Date

9/23/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **NELSON ARMOGAN**
Nelson Armogan (P/S/T) 9/23/96 (307)693-9639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (12/95)