P95000041832

DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: EMPIRE CORPORA[illegible] SYST[illegible]
COV[illegible] DI[illegible]T
1492 W FLAGLER ST
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MIAMI FL 33135- -0000
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(((H95000005977)))
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: ULTIMATE AIR, INC.
FAX AUDIT NUMBER: H95000005977
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TALLAHASSEE, FLORIDA

3/30

MAY-26-1995 13:50 FROM EMPIRE TO DIV CORP ELT FI P.07

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95 MAY 26 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF INCORPORATION

-OF-

ULTIMATE AIR, INC.

THE UNDERSIGNED, HEREBY ASSOCIATES THEMSELVES TOGETHER FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, BY AND UNDER THE PROVISIONS OF THE STATUTES OF THE SAID STATE OF FLORIDA.

ARTICLE I - NAME

THE NAME OF THIS CORPORATION SHALL BE:

ULTIMATE AIR, INC.

ARTICLE II - PURPOSE

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA.

ARTICLE III - STOCK

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS ONE HUNDRED (100) SHARES OF COMMON STOCK, HAVING A PAR VALUE OF ONE ($1.00) DOLLAR PER SHARE.

ARTICLE IV - CAPITAL

THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION WILL BEGIN BUSINESS SHALL BE THE SUM OF NOT LESS THAN ONE THOUSAND ($1000.00) DOLLARS.

ARTICLE V - CORPORATE DURATION

THE PERIOD OF DURATION OF THIS CORPORATION ONCE CORPORATE EXISTENCE IS ESTABLISHED IS PERPETUAL.

ARTICLE VI - REGISTERED OFFICE

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THE INITIAL STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE CORPORATION SHALL BE:

8415 W MCNAB ROAD
TAMARAC, FLORIDA 33321

ARTICLE VII - BOARD OF DIRECTORS

THE NUMBER OF DIRECTORS OF THIS CORPORATION SHALL BE AT LEAST ONE (1) AND NO MORE THAN FIVE (5).

PREPARED BY:

R.J. WALTERS & ASSOCIATES, INC.
ACCOUNTANTS & TAX CONSULTANTS
8415 W. McNAB ROAD
TAMARAC, FL 33321

H95000055714

ARTICLE VIII

THE NAMES AND STREET ADDRESSES OF THE MEMBERS OF THE FIRST BOARD OF DIRECTORS OF THIS CORPORATION ARE AS FOLLOWS:

MARK FINNE
PRESIDENT

8531 NW 26 PLACE
SUNRISE, FL 33322

ARTICLE IX

THE NAMES AND STREET ADDRESSES OF THE PERSONS SIGNING THESE ARTICLES OF INCORPORATION AS SUBSCRIBED IS AS FOLLOWS:

MARK FINNE
PRESIDENT

8531 NW 26 PLACE
SUNRISE, FL 33322

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ARTICLE X

THE CORPORATE EXISTENCE OF THIS CORPORATION SHALL BEGIN ON THE DATE THE ARTICLES OF INCORPORATION ARE FILED OF RECORD.

IN WITNESS WHEREOF, THE UNDERSIGNED, MARK FINNK BEING A NATURAL PERSON, COMPETENT TO CONTRACT, HAVE HEREUNTO SET HIS HANDS AND SEAL THIS 24 DAY OF APRIL 1995.

Mark Fink (SEAL)
(MARK FINNK)

STATE OF FLORIDA)
) SS
COUNTY OF BROWARD)

BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC OF THE STATE OF FLORIDA PERSONALLY APPEARED MARK FINNK, ________, ________, ________

TO ME PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TO ME TO BE THE INDIVIDUAL(S) DESCRIBED IN AND WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGED BEFORE ME THAT HE/SHE EXECUTED THE SAME FREELY AND VOLUNTARILY FOR THE PURPOSE THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS 24 DAY OF April 1995

Judith A. Walters
NOTARY PUBLIC, STATE OF FLORIDA

JUDITH ANN WALTERS
My Commission

H95000005977

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN PURSUANCE OF CHAPTER 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

FIRST: THAT ULTIMATE AIR, INC. DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPAL OFFICES AS INDICATED IN THE ARTICLES OF INCORPORATION, IN THE CITY OF SUNRISE COUNTY OF BROWARD, STATE OF FLORIDA, HAS NAMED RONALD J. WALTERS, LOCATED AT 8415 N MCNAB RD. TAMARAC FLORIDA 33321, AS ITS AGENT TO ACCEPT SERVICES OF PROCESS WITHIN THIS STATE.

ACKNOWLEDGEMENT

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF SAID ACT RELATIVE TO KEEPING OPEN SAID OFFICE.

SIGNATURE: R J Walters

DATE: 4-24-95

H95000005976

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT 96

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

96 NOV -6 AM 9:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000041832

1. Name and Mailing Address of Corporation:

Ultimate Air, Inc.
3653 NW 91ST AVE.
SUNRISE FL 33351

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

4. Date Incorporated or Qualified To Do Business in Florida: 5-30-95

5. FEI Number: 65-0583116

FEI Number Applied For

FEI Number Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P,D	MARK FINNK	3653 NW 91ST AVE	SUNRISE FL 33351

REINSTATEMENT

J. Alan 11-6-96

8. Name and Address of Current Registered Agent

RONALD J. WALTERS
8415 W McNAB Rd
TAMARAC FL 33321

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State: FL Zip

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

Signature of Registered Agent: R J Walters Date: 11-4-96

REGISTERED AGENT MUST SIGN

11: If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 of Officer or Director: Mark Finnk Date: 11-4-96 Daytime Phone # 954-572-6161

Typed or printed name of signing officer or director: MARK FINNK

TOTAL P.02