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12/95

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM

1103 PM

((H95000007727)))  
TO: DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
STATE OF FLORIDA  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32399  
FAX: (904) 922-4000

FROM: FAS-T CORP. AGENTS, INC.  
8405 NW 53RD ST  
SUITE C-100  
MIAMI FL 33166-311-  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305) 599-0839  
FAX: (305) 592-9591

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.  
NAME: INTERIMPEX AVIATION SERVICES, INC.  
FAX AUDIT NUMBER: H95000007727  
DATE REQUESTED: 07/12/1995  
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METHOD OF DELIVERY: FAX  
ACCOUNT NUMBER: 071001002335

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7/12/95

FLORIDA DIVISION OF CORPORATIONS  
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JUL 12 1995  
TALLAHASSEE, FL

7/12/95

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JUL 12 PM 1:52  
TALLAHASSEE, FL

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**CERTIFICATE OF INCORPORATION  
OF  
INTERIMPEX AVIATION SERVICES, INC.**

I, the undersigned, in order to form a corporation under a pursuant to the provisions of the Laws of the State of Florida for the purposes hereafter set forth, hereby subscribe to this Certificate of Incorporation.

**ARTICLE I  
NAME OF CORPORATION**

The name of the proposed corporation shall be:

**INTERIMPEX AVIATION SERVICES, INC.**

**ARTICLE II  
NATURE OF BUSINESS**

The general nature of the business to be transacted by this corporation shall be any activity permitted under the laws of the United States and the State of Florida.

**ARTICLE III  
CAPITAL STOCK**

The maximum number of shares of stock that the corporation is authorized to have outstanding at any one time is: 100 shares at no par value.

Prepared by:  
Andres Gil  
9212 SW 147 Court  
Miami, Fl. 33196  
Phone: 3823401

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**ARTICLE IV  
TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V  
PRINCIPAL PLACE OF BUSINESS**

The initial street address in this state of the principal office of this corporation is 9212 S.W. 147ST. Miami, Fl. 33196. The Board of Directors may, from time to time, move the principal office to any other address in Florida.

**ARTICLE VI  
DIRECTORS**

This corporation shall have initially two (2) director(s). The number of director(s) may increased or diminished from time to time by-laws adopted by the stockholders.

**ARTICLE VII  
INITIAL DIRECTORS**

The name and street of the member(s) of the first Board of Director(s) is:

**President-Vicepresident**

**ANDRES GIL** 9212 SW 147 Court  
Miami, Fl. 33196

**Secretary-Treasurer**

**ANITA M. GIL** 9212 SW 147 Court  
Miami, Fl. 33196

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**ARTICLE VIII  
INCORPORATOR**

The name and street address of the person signing these Articles of Incorporation as the incorporator is **ANDRES GIL**, 9212 SW 147 Court, **MIAMI, FL. 33196**.

**ARTICLE IX  
REGISTERED AGENT**

The initial designation of the registered office of this corporation shall be 9212 S.W. 147 Court., Miami Fl. 33196.

And the registered agent shall be

**ANDRES GIL**

Pursuant to Florida Statutes Section 607.164, having been named to accept process for the above stated corporation, at the place designated in these Articles of Incorporation, I Hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: 

Registered Agent

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**ARTICLE X  
AMENDMENT**

This Corporation reserves the right to amend any provision of this articles of Incorporation in the manner provided by law. Any rights conferred upon shareholders shall be subject to this reservation.

IN WITNESS WHEREOF, The undersigned has executed, acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida this July 3, 1995.

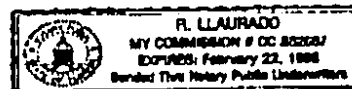
  
(Incorporator)

(STATE OF FLORIDA)  
(COUNTY OF DADE)

BEFORE ME, A Notary Public, personally appeared, the incorporator herein, who, executed the foregoing Articles of incorporation and stated on oath that the contents thereof are true and correct, this July 3, 1995.

My commissions expires:





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**CERTIFICATE OF DESIGNATION  
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: **INTERIMPEX AVIATION, INC.**
2. The name and address of the registered agent and office is: **Andres Gil, 9212 SW 147 Court, Miami, Fl. 33196.**

SIGNATURE: \_\_\_\_\_

  
President

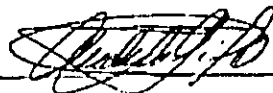
TITLE: \_\_\_\_\_

July 3, 1995

DATE: \_\_\_\_\_

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 AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: \_\_\_\_\_



DATE: July 3, 1995

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JUL 13 1995  
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 195000053715

1. Corporation Name  
INTERIMPEX AVIATION SERVICES, INC.

Principal Place of Business Mailing Address  
9212 S.W. 147 Court 9212 S.W. 147 Court  
Miami, FL 33196 Miami FL 33196

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07-12-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0605900	
City & State		City & State		Applied For Not Applicable	
Zip Country		Zip Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 58.75. Addition of Fee required for all entities, state of Florida	

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	Andres Gil	9212 S.W. 147 Court	Miami, FL 33196
VP	Andres Gil	9212 S.W. 147 Court	Miami, FL 33196
D	Anita M. Gil	9212 S.W. 147 Court	Miami, FL 33196
ST	Anita M. Gil	9212 S.W. 147 Court	Miami, FL 33196

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\*\*\*\*375.00 \*\*\*\*375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Andres Gil  
9212 S.W. 147 Court  
Miami, FL 33196

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

State FL Zip Code

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

*Andres Gil*

REGISTERED AGENT MUST SIGN

Date 09-04-96

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:

*Andres Gil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-04-96 (305) 3823401

Date

Daytime Phone #