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TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE COMPANY
DEPARTMENT OF STATE 1492 W FLAGLER ST
STATE OF FLORIDA SUITE 200
409 EAST GAINES STREET MIAMI FL 33135- 062-0000
TALLAHASSEE, FL 32399
FAX: (904) 922-4000
CONTACT: RAY STORMONT
PHONE: (305) 541-3894
FAX: (305) 541-3770

(((H95000008703))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: SKY MART AVIATION, CORP.
FAX AUDIT NUMBER: H95000008703 CURRENT STATUS: REQUESTED
DATE REQUESTED: 08/08/1995 TIME REQUESTED: 13:53:07
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 7 METHOD OF DELIVERY: FAX
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TALLAHASSEE, FLORIDA

Handwritten signature and date 8/9

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95 AUG -8 PM 4:22
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THIS INSTRUMENT PREPARED BY:
MAYNARD J. HELLMAN, ESQUIRE
FLORIDA BAR NO. 137411
1100 PONCE DE LEON BLVD.
CORAL GABLES, FLORIDA 33134
(305) 448-8282

ARTICLES OF INCORPORATION

OF

SKY MART AVIATION CORP.

I, the undersigned incorporator of this corporation under Florida Statute 607, as amended, do hereby associate myself to form a corporation and adopt the following Articles of Incorporation.

ARTICLE I

The name of this corporation is:

SKY MART AVIATION CORP.

The mailing address for the Corporation is:

1100 Ponce de Leon Blvd., Coral Gables, FL 33134

ARTICLE II

PURPOSE AND NATURE OF BUSINESS

The purposes of this corporation and general nature of the business to be conducted are as follows:

A. To engage in any business activity or endeavor which is lawful under the laws of the State of Florida, and the United States of America.

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ARTICLE IIIDURATION OF CORPORATION

This corporation is to have perpetual existence commencing on the date of execution and acknowledgment of these Articles of Incorporation.

CAPITAL STOCK

The maximum number of shares of stock which this corporation is authorized to have outstanding at any one time is one hundred (100) shares of Common Stock, each share having no par value.

ARTICLE VINITIAL CAPITAL CONTRIBUTION

The amount of capital with which this corporation shall begin business shall not be less than Five Hundred (\$500.00) Dollars.

ARTICLE VISUBSCRIBERS

The name and address of the subscriber of these Articles of Incorporation and the number of shares he has elected to take are as follows:

<u>SUBSCRIBER</u>	<u>ADDRESS</u>	<u>NUMBER OF SHARES</u>
MAYNARD J. HELLMAN	1100 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	100

ARTICLE VIIDIRECTORS

The initial number of Directors of this corporation shall be

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four (4). The number of Directors may either be increased or decreased from time to time by a vote of the stockholders in conformity with the By-Laws of the Corporation but shall never be less than one (1).

ARTICLE VIII

INITIAL BOARD OF DIRECTORS

The names and addresses of the members of the initial Board of Directors who, subject to the provisions of the Certificate of Incorporation, the By-Laws and the Corporation Laws of the State of Florida, shall hold office for the first year of the corporation's existence, or until their successors are elected and qualified, are:

<u>NAME</u>	<u>ADDRESS</u>
GREGORY ROBBIN	1005 Mariner Drive Key Biscayne, Florida 33149
LUCY ROBBIN	1005 Mariner Drive Key Biscayne, Florida 33149
JUAN G. ROBBIN	1005 Mariner Drive Key Biscayne, Florida 33149
ANA MARIA ROBBIN	1005 Mariner Drive Key Biscayne, Florida 33149

ARTICLE IX

VOTING RIGHTS

Except as otherwise provided by law, the entire voting power for the election of Directors and for all other purposes shall be vested exclusively in the holders of the outstanding common

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shares.

ARTICLE X

PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE XI

INITIAL REGISTERED OFFICE AND AGENT


The street address of the initial registered office of this corporation is 1100 PONCE DE LEON BLVD., CORAL GABLES, FLORIDA, and the name of the initial Registered Agent of this corporation at that address is MAYNARD J. HELLMAN.

ARTICLE XII

INDEMNIFICATION

The corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

DATED this 8th day of August, 1995.


MAYNARD J. HELLMAN

STATE OF FLORIDA)
COUNTY OF DADE) SS

BEFORE ME, the undersigned authority, personally appeared MAYNARD J. HELLMAN, to me well known to be the person described in

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and who executed the foregoing Certificate of Incorporation, and who acknowledged before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Coral Gables, Dade County, Florida, this 8th day of August, 1995.

Odaly Licea
Notary Public, State of
Florida at Large

My Commission Expires:



ODALYS LICEA
MY COMMISSION # 0012896 EXPIRES
November 7, 1995
BONDED THROUGH TROY PAUL INSURANCE, INC.

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JAN-28-1908 14:28 FROM

TO

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SKY MART AVIATION CORP.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
PURPOSES OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS
_____ MAY BE SERVED _____

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST, THAT SKY MART AVIATION CORP. IS DESIRING TO ORGANIZE
OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS
PRINCIPAL PLACE OF BUSINESS AT THE CITY OF MIAMI, STATE OF
FLORIDA, HAS NAMED MAYNARD J. HELLMAN, ESQUIRE, AT 1100 PONCE DE
LEON BOULEVARD, CORAL GABLES, STATE OF FLORIDA, AS ITS AGENT TO
ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

Signature: _____

MAYNARD J. HELLMAN

Title: _____ Subscriber _____

Date: _____

8/8/95

Having been named to accept services of process for the above
stated corporation, at the place designated in this certificate,
I hereby agree to act in this capacity, and I further agree to
comply with the provisions of all statutes relative to the proper
and complete performance of my duties.

Signature: _____

MAYNARD J. HELLMAN

(Registered Agent)

Date: _____

8/8/95

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000061289**

1 Corporation Name

SKY MART AVIATION CORP.

Principal Place of Business

**1100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

Mailing Address

**1100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

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

2 New Principal Office Address, If Applicable

**1790 N.W. 96 Ave.
Suite, Apt. #, etc.**

3 New Mailing Office Address, If Applicable

**1790 N.W. 96 Ave.
Suite, Apt. #, etc.**

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33172

Country

Zip

33172

Country

REINSTATEMENT 1996

4 Date Incorporated or Qualified
To Do Business in Florida

08/08/1995

5 FEI Number

☒ Applied For

☐ Not Applicable

6 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)

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
D	ROBBIN, GREGORY	1005 MARINER DR.	KEY BISCAYNE FL 33140
D	ROBBIN, LUCY	1005 MARINER DR.	KEY BISCAYNE FL 33140
D	ROBBIN, JUAN G	1005 MARINER DR.	KEY BISCAYNE FL 33140
D	ROBBIN, ANA M	1005 MARINER DR.	KEY BISCAYNE FL 33140

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****375.00 ****375.00

8. Name and Address of Current Registered Agent

**HELLMAN, MAYNARD J
1100 PONCE DE LEON BLVD.
CORAL GABLES FL**

9. Name and Address of New Registered Agent

Name
A. Rosemary Sala
Street Address (P.O. Box Number is Not Acceptable)
328 Crandon Blvd., Suite 202
Suite, Apt. #, Etc.
Suite 202
City
Key Biscayne,
State
FL
Zip Code
33149

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.

Date **10/18/96**

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

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 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Gregory Robbin, Director

Date **10/18/96**

(305) 361-0105
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR