

P95000068056

TRANSMITTAL LETTER

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP - 5 AM 10: 23

1000011540001
-07/21/95--01067--019
***131.25 ***131.25

SUBJECT: A.C.A. 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: MIGUEL GARCIA
Name (printed or typed)
1321 SHARAR AVENUE
Address
OPA LOCKA, FLORIDA 33054
City, State & Zip
(305) 681-9914
Daytime Telephone number

W95-14995

SEP - 5 1995

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



FLORIDA DEPARTMENT OF STATE

July 26, 1995

Sandra B. Mortham
Secretary of State

MIGUEL GARCIA
1321 SHARAR AVE.
OPA LOCKA, FL 33054

SUBJECT: A.C.A., INC.
Ref. Number: W95000014995

We have received your document for A.C.A., INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 995A00035456

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP -5 AM 10:23

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:

AIRCRAFT CUSTOM APPEARANCE INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

1321 SHARAR AVENUE
OPA LOCKA, FLORIDA 33054

ARTICLE III SHARES

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

SIX

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Miguel Garcia
1321 Sharar Ave.
Opa Locka, Florida 33054

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):

MIGUEL GARCIA
1321 SHARAR AVE.
OPA LOCKA, FLORIDA 33054

BERENICE FLORES
8145 SW. 152 Place
Miami, Florida 33193

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

15 day of JULY, 19 95.



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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP -5 AM 10:23

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: AIRCRAFT CUSTOM APPEARANCE INCORPORATED

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

MIGUEL GARCIA

(NAME)


1321 SHARAD AVENUE

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

OPA LOCKA, FLORIDA 33054

(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.


(SIGNATURE)

7-14-95
(DATE)