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Department of State Division of Corporations

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P.O. Box 6327 Tallahassee, FL	32314	-01/30/9701046012 *****70.00 ******70.0
SUBJECT:	SIGNATURE FLIGHT SYTEMS IN (proposed corporale name)	C
Enclosed is an officer \$ 70.00	original and one (1) copy of the articles of	incorporation and our check
FROM:	PERVEZ KHAN Name (printed or typed)  PO Box 660194 Address  Miami Springs Florida 332 City, State, & Zip ( 305 ) 8881952 Telephone Number	266 7555 747 7555 747 747

FEB & A BSB

Note: Please provide the original and one copy of the Articles.

### ARTICLES OF INCORPORATION

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SIGNATURE FLIGHT SYSTEMS INC.

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 | NAME

The name of the corporation shall be:

SIGNATURE FLIGHT SYSTEMS INC.



### ARTICLE II PRINCIPAL OFFICE

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

100 North Royal Poinciana Boulevard Miami Springs Florida 33166

### ARTICLE III CAPITAL STOCK

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

30 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
Pervez Khan

## ARTICLE V INCORPORATOR(S)

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

PERVEZ KHAN

100 North Poinciana Boulevard Miami Springs Florida 33166

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: SIGNATURE FLIGHT SYSTEMS INC.		
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2.	The name and address of the registered agent and office is:		
	100 North Poinciana Boulevard Miami Springs Florida 33166 (NAME)		
	(P.O. BOX NOT ACCEPTABLE)		
	(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 fleues when

DATE 1-28-97