

# TRANSMITTAL LETTER

\*\*\*\*\*

(Proposed corporate name - must include suffix)

FILED  
97 APR -9 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ENC 4/9/97

## ARTICLES OF INCORPORATION

*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:

M + M Carpet Service, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

13825 Avalon Rd  
Winter Garden, FL 34787

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97 APR -9 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE III SHARES

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

1,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michelle M. Lodge  
13825 Avalon Rd.  
Winter Garden, FL 34787

**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):

Michelle M. Lodge, President  
13825 Avalon Rd  
Winter Garden, FL 34787

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

3 day of April, 19 97.

(An additional article must be added if an effective date is requested.)

Michelle M. Lodge  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**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**

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 M + M Carpet Service, Inc
2. The name and address of the registered agent and office is:

Michelle M. Lodge  
(NAME)

13825 Avalon Rd  
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

Winter Garden FL 34787  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Michelle M. Lodge  
(SIGNATURE)

4.3.97  
(DATE)

**PAYROLL 32/120**

Requestor's Name: **PAZAR... INDUSTRIES, INC.**  
 Address: **890 S.W. 87 AVENUE, SUITE: 16**  
**MIAMI, FLORIDA 33174 (305)552-5973**  
 City/State/Zip Phone #  
**LOCAL REPRESENTATIVE TALLAHASSEE**

600002137876--9  
 -04/09/97--01072--006  
 \*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. AVTAIR CATERING SUPPLIES INC.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

97 APR -9 PM 11:18  
 RECEIVED

- ☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
 97 APR -9 AM 10:55  
 DIVISION OF CORPORATION

4/9

Examiner's Initials

## ARTICLES OF INCORPORATION

FILED  
97 APR -9 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

AVTAIR CATERING SUPPLIES INC

### ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 6451 - 5264  
MIAMI FL. 33178 - 6451

### ARTICLE III SHARES

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

1,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MANUEL GARCIA  
221 SW 81 ST  
MIAMI FL. 33178

ARTICLE V INCORPORATOR(S)

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

AVTAIR Catering Supplies Inc.  
9700 NW S. RIVER DR.  
MEDLEY FL 33178  
ARTICLE VI DIRECTOR(S)

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

MANUEL GARCIA  
221 SW 81 AVE  
MIAMI FL 33178

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

8 day of April, 1997.

Manuel Garcia  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**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: AUTAIR Catering supplies inc

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

MANUEL GARCIA  
(NAME)

221 SW 81 AVE  
(P.O. BOX NOT ACCEPTABLE)

MIAMI FL 33108  
(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

Manuel Garcia

DATE

4-8-97

97 APR -9  
PH 1:18  
TALLAHASSEE  
FLORIDA  
STATE  
SECRETARY