P98000004319 TRANSMITTAL LETTER

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

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			*****122.50 *****122
SUBJECT:	FULL AIR SERVICE:		
	(Proposed corpo	orate name - must include su	ffix)
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for :
\$70.00	□ \$78.75	\$122.50	□ \$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate	& Certified Copy	Certified Copy
			& Certificate
		ADDITIONAL COPY REQUIRED	
FROM:	CATHERINE FULLES	.	
TROW.	Name (I	rinted or typed)	
	7538 COMPASS DRI	VE.	
		Address	
	WINDER DADE DE	20700	
	WINTER PARK, FL		
	City	, State & Zip	AEC 98
	(407) 679-47	E.4	JAN 13 PM 2: 1- CRETARY OF STA
		Telephone number	
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

98 JAN 13 PM 2: 17
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FULL AIR SERVICES INC

ARTICLE II PRINCIPAL OFFICE

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

7538 COMPASS DRIVE, WINTER PARK, FL 32792

ARTICLE III SHARES

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

5,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CATHERINE FULLER
7538 COMPASS DRIVE
WINTER PARK, FL 32792

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

CATHERINE FULLER
7538 COMPASS DRIVE
WINTER PARK, FL 32792

Signature/Incorporator

12/98

Date

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

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/Registered Agent

Date