

TRANSMITTAL LETTER

P99000012877

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

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-02/08/99--01168--009
*****78.75 *****78.75

SUBJECT: Air Agency Consultants, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of ie articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Clark Edward Nowe, Sr.
Name (Printed or typed)

1729 Campos Drive
Address

Lady Lake, FL 32159
City, State & Zip

352-259-1488
Daytime Telephone number

FILED
99 FEB -8 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/10/99
[Signature]

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

ARTICLES OF INCORPORATION

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:

Air Agency Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1729 Campos Drive
Lady Lake, FL 32159

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Clark Edward Nowe, Sr.
1729 Campos Drive
Lady Lake, FL 32159

ARTICLE V INCORPORATOR

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

Clark Edward Nowe, Sr.
1729 Campos Drive
Lady Lake, FL 32159



Signature/Incorporator

February 4, 1999

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

February 4, 1999

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA