

**Custom Air Support Holdings, Inc.**

6175 NW 153<sup>rd</sup> Street, Suite 229  
Miami Lakes, FL 33014  
(305) 825-2855

April 13, 1999

P99000035664

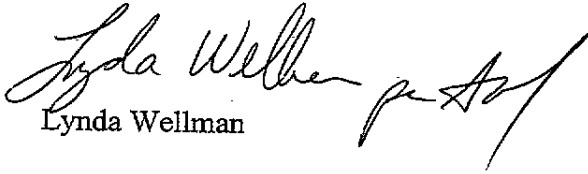
State of Florida  
Division of Corporations  
Post Office box 6327  
Tallahassee, FL 32314

700002841677--7  
-04/16/99--01035--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75


Enclosed please find a check in the amount of \$78.75 to cover Incorporating fees for AvSource One Inc.

Thanking you in advance or your prompt attention to this matter.

Sincerely,

  
Lynda Wellman

FILED  
99 APR 16 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/20/99  


# ARTICLES OF INCORPORATION

The undersigned incorporators, 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: AvSource One, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
6175 NW 153<sup>rd</sup> St, Suite 229  
Miami Lakes, Fl 33014

## ARTICLE III SHARES

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

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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


Lynda Wellman  
6175 NW 153<sup>rd</sup> St, Suite 229  
Miami Lakes, FL 33014

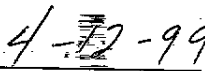
## ARTICLE V INCORPORATORS

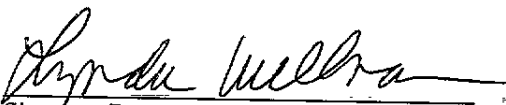
The names and addresses of the incorporators to these Articles of Incorporation are:


Richard R. Wellman  
6175 NW 153<sup>rd</sup> St, Suite 229  
Miami Lakes, FL 33014

Lynda Wellman  
6175 NW 153<sup>rd</sup> St, Suite 229  
Miami Lakes, FL 33014

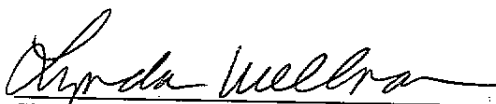
  
Signature/Incorporator


  
Date

  
Signature/Incorporator

  
Date

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

FILED  
99 APR 16 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA