

**Custom Air Support Holdings, Inc.**

6175 NW 153<sup>rd</sup> Street, Suite 229

Miami Lakes, FL 33014

(305) 825-2855

April 13, 1999

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*  
Lynda Wellman

FILED

99 APR 16 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/20/99  
*mm*

## 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

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TALLAHASSEE, FLORIDA

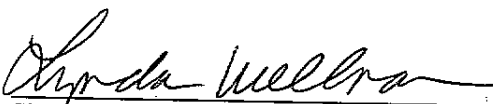
  
Signature/Incorporator

4-12-99  
Date

  
Signature/Incorporator

4-12-99  
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

4-12-99  
Date