TRANSMITTAL LETTER 1000 56740

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

SUBJECT:	MAX AVIATION TNC-05/21/98-01058-011 (Proposed corporate name - must include suffix)		
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Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: WILLIAM MAX SAROL Name (Printed or typed)			
450 SW DAUPHIN AVE.			
Port St. Lucie, FL 34953 City, State & Zip			
561-344-9372 (OR) 561-530-2349 Daytime Telephone number			-2349 FE FLORE TO BE FLORE TO

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:

MAX AVIATION, INC.

ARTICLE II PRINCIPAL OFFICE

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

450 SW Dauphin Ave

Port St Lucie, FL 34953

ARTICLE III SHARES

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

500 Shares of \$1.00 par value Common Stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

William MAX SAROL 450 SW DAUPHIN AVE

PORT ST Lucie, FL 34953

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

WILLIAM MAX SAROL 450 SW Dauphin Ave

Port St. Lucie, FL 34953

William Max Sarol

June 17, 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

William Max Sarol

June 17, 1999

Signature/Registered Agent

Date