

# P190000 60352

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

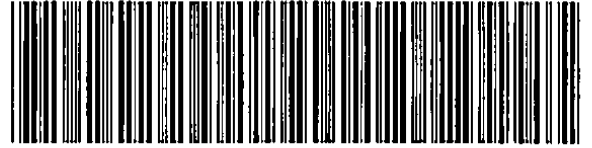
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AUG 06 2019



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FILING CANCELLED  
DUE TO RETURNED CHECK

19 JUL 29 AM 11:09

COVER LETTER

19 JUL 23 4:11:08

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

FILING CANCELLED  
DUE TO RETURNED CHECK

SUBJECT: Aloft Worldwide Trading, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: Leonardo Cedeno  
Name (Printed or typed)

340 W 19th ST, Apt #4  
Address

Hialeah, FL 33010  
City, State & Zip

786-366-6605  
Daytime Telephone number

leonardo.cedeno5@gmail.com  
E-mail address: (to be used for future annual report notification)

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

FILING CANCELLED  
DUE TO RETURNED CHECK

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: A10FT Worldwide Trading, INC 23 <sup>19 JUL 23</sup> ~~23~~ <sub>11:09</sub>

ARTICLE II PRINCIPAL OFFICE

Principal street address: 340 W 19th ST  
Mailing address, if different is:  
Apt #4  
Highland, FL 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO purchase and sell aviation  
parts and aircraft.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leonardo Cecheno, President Name and Title: \_\_\_\_\_

Address: 340 W 19th ST Address: \_\_\_\_\_

Apt #4 \_\_\_\_\_

Highland, FL 33010 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILING CANCELLED  
DUE TO RETURNED CHECK

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

19 JUL 23 8:11:13

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LEONARDO CEDENO  
Address: 340 W 19TH ST, APT #4  
MICHAH, FL 33010

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: LEONARDO CEDENO  
Address: 340 W 19TH ST, APT #4  
MICHAH, FL 33010

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

7-10-19  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

7-10-19  
Date