

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ELO ENTERPRISES, INC
Account Number : 120150000109
Phone : (561)544-8862
Fax Number : (954)697-0130

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sales@eloenterprises.us

FLORIDA PROFIT/NON PROFIT CORPORATION VCM AVIATION ENTERPRISES CORP

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Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: VCM AVIATION ENTERPRISES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1020 NW 62nd ST - HANGAR 10FORT LAUDERDALE, FL 33309**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business.**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EPAMINONDAS CHENU MADEIRA- P Name and Title: _____Address 1020 NW 62nd ST - HANGAR 10 Address: _____FORT LAUDERDALE, FL 33309

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ELO ENTERPRISES, INC.Address: 4700 NW BOCA RATON BLVD #202BOCA RATON, FL 33431**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: EPAMINONDAS CHENU MADEIRAAddress: 1020 NW 62nd ST - HANGAR 10FORT LAUDERDALE, FL 33309**ARTICLE VIII EFFECTIVE DATE:**

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

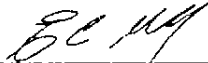
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

01/28/2025

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.01/28/2025

Required Signature/Incorporator

Date