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DIVISION OF CORPORATIONS
15 JUL 23 A11:03

07/28/15

EFFECTIVE DATE 08/01/15

COVER LETTER

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

SUBJECT: Air Race Education - Winter Haven, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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	☐ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: JoAnne Alcorn
Name (Printed or typed)

5 Eagles Nest
Address

Winter Haven FL 33881
City, State & Zip

317-514-0371
Daytime Telephone number

joannealcorn1@aol.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Air Race Education - Winter Haven, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

5 Eagles Nest

Winter Haven FL 33881

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said corporation is organized exclusively for charitable and educational purposes including for such purposes the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JoAnne Alcorn, President

Address: 5 Eagles Nest, Winter Haven FL 33881

Name and Title: Donna Harris, Vice President

Address: 1990 McCulloch Blvd #D226, Lake Havasu AZ 86403

Name and Title: Steve Alcorn, Director

Address: 5 Eagles Nest, Winter Haven FL 33881

Name and Title:

Address

Name and Title:

Address:

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15 JUL 23 AM 10:03

Name and Title:_____ Name and Title:_____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: JoAnne Alcorn

Address: 5 Eagles Nest

Winter Haven FL 33881

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ARTICLE VII INCORPORATOR

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

Name: Donna Harris

Address: 1990 McCulloch Blvd #D226

Lake Havasu AZ 86403

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 1, 2015. (OPTIONAL)

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

JoAnne L Alcorn
Required Signature of Registered Agent

7/16/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Donna K Harris
Required Signature of Incorporator

7/14/15
Date