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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

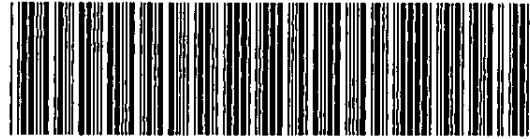
MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 08 2015

T. SCOTT

15 JAN - 7 AM 11:30

GENERAL INVESTIGATIVE DIVISION



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 24, 2014

SPRING MURPHY
MAINE SCENIC AIRWAYS, INC
18622 SW 48TH ST
MIRAMAR, FL 33029

SUBJECT: MAINE SCENIC AIRWAYS, INC.
Ref. Number: W14000076282

We have received your document for MAINE SCENIC AIRWAYS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 014A00027244

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Maine Scenic Airways, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Spring Murphy
Name of Person
Maine Scenic Airways, Inc
Firm/Company
18622 SW 49th St
Address
Miramar, FL 33029
City/State and Zip code
mainescenic@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Spring Murphy at (954) 802 1497
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Maine Scenic Airways, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maine 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/25/99 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1620 SW 77th Ave Pembroke Pines, FL 33023
(Principal office address)

18622 SW 49th St. Miramar, FL 33029
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Spring Cheek

Office Address: 18622 SW 49th St
Miramar, Florida 33029
(City) (Zip code)

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative 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's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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STATE DEPARTMENT OF
REVENUE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Brent Andrews

Address: 18622 SW 49th St
Miramar, FL 33029

Vice President: _____

Address: _____

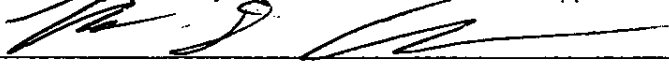
Secretary: _____

Address: _____

Treasurer: Spring Murphy

Address: 18622 SW 49th St Miramar FL 33029

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Brent Andrews, P

(Typed or printed name and capacity of person signing application)

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that MAINE SCENIC AIRWAYS, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is January 25, 1999.

I further certify that on:

January 25, 1999 ARTICLES OF INCORPORATION were filed.
February 26, 2014 CHANGE OF CLERK was filed.

No further amendments have been filed to date.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this nineteenth day of December 2014.

A handwritten signature in black ink, appearing to read "Matthew Dunlap".

Matthew Dunlap
Secretary of State