F150000000478

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	• #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

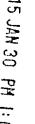




800268716598

01/30/15--01027--003 **87.50









January 15, 2015

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

Ladies/Gentlemen:

Accompanying is a completed and duly executed Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida" along with our check #14123 in the amount of \$87.50 to cover the Filing Fee, Certificate of State and Certified Copy.

Also accompanying is a Certificate of Good Standing for the corporation from the Commonwealth of Pennsylvania and a copy of the IRS Nonprofit Registration Letter.

Should you have questions and/or need additional information please do not hesitate in contacting me.

Regards,

Blair A. Gilbert, Executive Director
BGilbert@FlyingWithEagles.com
160 Worman Road
Douglassville, PA 19518-9202
(215) 872-8300
www.FlyingWithEagles.org
www.FlyingWithEagles.com

COVER LETTER

TO: New Filing Section

Division of Co	•		
SUBJECT: Flying	g With Eagles	Inc.	
30 5 0501	Name of Corporati	on – must include suffix	
Dear Sir or Madam:			
Affairs in Florida", "Ce	ion by Foreign Not for Prof rtificate of Existence", or "C enced not for profit corporat	Certificate of Status" and ch	neck are submitted to
Please return all corresp	oondence concerning this m	atter to the following:	
Blai	r Gilbert		
	Name o	of Person	· · · · · · · · · · · · · · · · · · ·
Flyir	ng With Eagle	s Inc.	
		Company	
160	Worman Roa	d	
	Ad	dress	
Dou	glassville, PA	19518	
	_	ınd Zip Code	
bgilb	ert@flyingwitl	heagles.com	
E-m	nail address: (to be used for	future annual report notifica	ation)
For further information	concerning this matter, plea	se call:	
Blair Gilber	at (215 872-8300	
Name c	of Person	Area Code & Daytime To	elephone Number
MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	New Filing S Division of C Clifton Build	orporations ing ve Center Circle
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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

Flying With Eagles Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

_{2.} Pennsylvania	3.20-8852420	_
(State or country under the law of which it is inco. 4. March 30, 2007	_{5.} Perpetual	_
(Date of Incorporation) 6. N/A	(Duration: Year corp. will cease to exist or "perpetual")	_
(Date first conducted affairs in Florida if prior to region 160 Worman Road, Doug	stration. Sec sections 617.1501 & 617.1502, F.S. to determine penalty liabily lassville, PA 19518-9202	lity.) -
160 Worman Road, Doug	(Principal office address) plassville, PA 19518-9202	
8. Nonprofit - (education and	(Current mailing address) d human services) e or country to be carried out in the state of Florida)	CONTRACTOR OF THE PARTY OF THE
9. Name and <u>street address</u> of Florida registered	agent: (P.O. Box NOT acceptable)	COCCE NA 1: 02
Name: Brandi Heaton Office Address: 10081 SW Stonegate		· 0 ·
Port St. Lucie	, Florida 34987	

10. Registered agent's acceptance:

Having been named as registered agent und 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.

11. 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.

12. Names and addresses of officers and/or directors



A. DIRECTORS	15 JAN 30 PM 1: 02	
Chairman: Blair Gilbert		
Address: 160 Worman Road	ACIROL PO TANGENESSE ACIROLS	
Douglassville, PA 19518		
Vice Chairman:		
Address:		
Ben Bushyhead		
Address: P.O. Box 1009		
Bryson City, NC 28713		
Director: William Martin		
Address: 5101 South Warren, #14		
Butte, MT 59701		
B. OFFICERS		
President: Blair Gilbert		
Address: 160 Worman Road		
Douglassville, PA 19518		
Vice President:		
Address:		
Secretary: Ben Bushyhead		
Address: P.O. Box 1009, Bryson City, NC 28713		
Treasurer: William Martin		
Address: 5101 South Warren, #14, Butte, MT 59701		
NOTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.	
(Signature of Chairman, Vice Chairman, or any officer listed in number	12 of the application)	
14. Blair Gilbert, President (Typed or printed name and capacity of person signing app	lication	
(a ypea or prince name and capacity or person signing app	neamon)	



COMMONWEALTH OF PENNSYLVANIA 15 JAN 30 PM 1: 02 DEPARTMENT OF STATE

JANUARY 8, 2015

SECHEYALY OF STATE TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Flying with Eagles Inc.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 12343385-1