

F19 000001644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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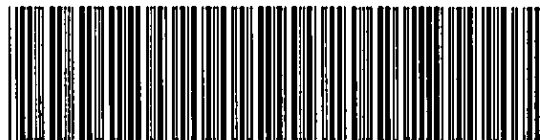
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/02/16--01021--001 **70.00

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10:20:00 PM OCT 1
TALLAHASSEE, FLORIDA

N CULLIGAN
4/3/19

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 4/2/2019

Acc#120160000072

en: c SW

Name:	SKYWAY BRIDGE RUN, INC.
Document #:	
Order #:	11576485

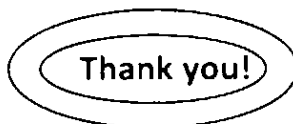
Certified Copy of Arts & Amend:	<input type="checkbox"/>		19 APR - 2 PM 10:29
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Correction
Please allow for original file date

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$	78.75
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2019

JESSICA BRUNAL
1340 HAMLET AVENUE
CLEARWATER, FL 33756

SUBJECT: SKYWAY BRIDGE RUN, INC.
Ref. Number: W18000088818

We have received your document for SKYWAY BRIDGE RUN, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The registered agent must sign accepting the designation.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 818A00020830



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2018

KRISTINA MCALVANNAH
520 D STREET UNIT C
CLEARWATER, FL 33746

Jessica Brunak
1340 Hamlet Ave
33756

SUBJECT: SKYWAY BRIDGE RUN, INC.
Ref. Number: W18000088818

We have received your document for SKYWAY BRIDGE RUN, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Corporation," "Inc.," or "Corp." Sections 617.0401(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The registered agent must sign accepting the designation.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 818A00020830

**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:*

1. SKYWAY BRIDGE RUN, 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.)

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

2. Georgia 3. 82-4970978
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 26, 2018 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 520 D Street, Unit C, Clearwater, Florida 33756
(Principal office address)

Same
(Current mailing address, if different)

8. Charitable/Not for Profit Corporation
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip Code)

10. **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.



Michael Jones, Assistant Secretary
(Registered agent's signature)

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.

FILED
19 MAR 2018
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Nicholas Peters
Address: 520 D Street, Suite C
Clearwater, Florida 33756

Vice Chairman:
Address:

Director:
Address:

Director:
Address:

FILED
MAR 2 2011
SEC. OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Nicholas Peters
Address: 520 D Street, Suite C
Clearwater, Florida 33756

Vice President:
Address:

Secretary:
Address:

Treasurer:
Address:

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

13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Nicholas Peters, President
(Typed or printed name and capacity of person signing application)

Control Number : 18037793

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SKYWAY BRIDGE RUN, INC

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17123077
Date Inc/Auth/Filed: 03/26/2018
Jurisdiction : Georgia
Print Date : 04/02/2019
Form Number : 211



Brad Raffensperger

Brad Raffensperger