Florida Department of State Division of Corporation

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000413583 3)))



H230004135833ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SWAINE, HARRIS & WOHL, P.A.

Account Number : I19980000021 Phone : (863)465-2811 Fax Number : (863)465-6999

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

Email Address: <u>service@heartlandlaw.com</u>

FOREIGN PROFIT/NONPROFIT CORPORATION

Great Commission Aviation, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

Division of Corporations						
SUBJECT: Great Commission Ariation Inc.						
Name of Corporation – must include surfix						
Dear Sir or Madam:						
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.						
Please return all correspondence concerning this matter to the following:						
Jason Wilkinson Name of Person						
Name of Person						
Great Commission Avidion Inc.						
Sebring FL 33875 GRYState and Zip Code						
Gity/State and Zip Code Gited Commission aviation (2 gmail. com Commission (2 gmail. com Com Commission (2 gmail. com Com Commission (2 gmail. com Com Com Com Com Com Com Com						
For further information concerning this matter, please call:						
Jason Wilkinson at (501) 707-8097 Name of Person Area Code Daytime Telephone Number						
Maßing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following amount:						
Please make check payable to: FLORIDA DEPARTMENT OF STATE						
□ \$70.00 Filing Fee □\$78.75 Filing Fee & □\$78.75 Filing Fee & □\$87.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy	Status &					

AND CONTRACTOR OF THE PROPERTY OF THE PROPERTY

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:

port in langua the same at pr	#1101): must include go #s will clearly it esent. "Company"	the word "INCORPO dicate that it is a compore "Co." may not be us	RATED" or "C oration instead ted as a corpora	ORPORATION" or of a natural person of ite suffix by a nonpre	words or abbre r partnership if ofit corporation	vistions of not so cont	like tained
iame unava	lable in Florida, en	eter alternate corporate	name adopted	for the purpose of tra	insacting busin	ess in Flori	da)
Nort	L Caroling	which it is incorporat	3.	47-37278	² / 9		
State or coun	try under the law o	f which it is incorporat	ed)	(FEI number, i	(applicable)		
04/17	2015		_ 5	~			
(6	re or incorporatio:	n)		(Date of duration, i	f other than per	petral)	
• E		la if prior to registration					
							ability.)
6077	Stortlerd (Onto Dr Se (Frincipal	Loine F	33875			
		(Frincips)	office street a	ddress)		•	
···		-					
		(Current mai	iling address. if	different			
		(Current mai	ling address, if	différent)			
<i>a</i> ,	,						
Ariation Dose(s) of co	Tedurat				W. = J - V		
Ariation pose(s) of co	rporation authorize	Current may			Florida)		
me and stree	t address of Flor	od in home state or cou	For Pro- mitry to be curre (P.O. Box NO	ad out in the state of			_ 2
ne and stre	t address of Flor	od in home state or cou	For Pro- mitry to be curre (P.O. Box NO	ad out in the state of			202;
me and stree	t address of Flor	od in home state or cou	For Pro- mitry to be curre (P.O. Box NO	ad out in the state of			2023 D
me and stree	t address of Flor	od in home state or cou	For Pro- mitry to be curre (P.O. Box NO	ad out in the state of			2023 DEC
me and stree	t address of Flor	od in home state or cou	For Pro- mitry to be curre (P.O. Box NO	ad out in the state of			2023 DEC -1
ne and stre	t address of Flor	od in home state or cou	For Pro- mitry to be curre (P.O. Box NO	ad out in the state of			2023 DEC -1,
me and stree	t address of Flor	od in home state or cou	For Pro- mitry to be curre (P.O. Box NO	ad out in the state of			2023 DEC -1, P
Name: Name: Address: _ - Registered a	UKSON 6077 St. Seb.	ida registered agent: Website W	(P.O. Box NC	a 23875 (Zip Coc	ie)		-l, PH
Name:	Septiment of the second of the	ida registered agent: Wilkensan Outs City	(P.O. Box NC	a 23875 (Zip Coc	e)	origin at the	-I, PH 7
Name: Paddress: Registered a g been name and a this	Separation of Florest address of	ida registered agent: Wikinsan City Tee: agent and to accept the appearance of the accept the accept the appearance of the appearance	(P.O. Box NC	a 23875 (Zip Coccess for the above	stated corpor	otion at the	-I, PH 700
Name: Name: Address: legistered to g been name to the to the	Sed address of Flore Sed	ida registered agent: ///////////////////////////////////	(P.O. Box NC De province of provintment as relative to	a 23875 (Zip Coccess for the above registered agent and the proper and co	stated corpor	otion at the	-I, PH 700
Name:	Sed address of Flore Sed	ida registered agent: Wikinsan City Tee: agent and to accept the appearance of the accept the accept the appearance of the appearance	(P.O. Box NC De province of provintment as relative to	a 23875 (Zip Coccess for the above registered agent and the proper and co	stated corpor	otion at the	-II PH 700
Name:	September of Florest address of Florest address of Florest address of Florest address of Florest application, I had accept with and accept	ida registered agent: Wikinsan City Tee: agent and to accept the approvisions of all status the obligations of me	(P.O. Box NC Or Florid service of pro ointment as re- ties relative to ty position as	a 23875 (Zip Coccess for the above registered agent and the proper and co	stated corpor	otion at the	-II PH 700
me and street Name: e Address: Registered a mated in this er agree to c	September of Florest address of Florest address of Florest address of Florest address of Florest application, I had accept with and accept	ida registered agent: Wikinsan City Tee: agent and to accept the approvisions of all status the obligations of me	(P.O. Box NC Or Florid service of pro ointment as re- ties relative to ty position as	a 23875 (Zip Coccess for the above registered agent and the proper and co	stated corpor	otion at the	-1, PH 700
Name: Registered to g been name to get to the total to the total to the total tot	September of Florest address of Florest address of Florest address of Florest address of Florest application, I had accept with and accept	ida registered agent: Withensan Withensan City City Tee: agent and to accept the approvisions of all status the obligations of many accept the approvisions of many accept the obligations of many accept the oblig	(P.O. Box NC Or Florid service of pro ointment as re- ties relative to ty position as	a 23875 (Zip Coccess for the above egistered agent and corregistered agent.	stated corpor	otion at the	-II PH 700

jurisdiction under the law of which it is incorporated.

(((H23000413583 3)))

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total];

A. DIRECTOR						
□ Chairman	Name: Juson Wilkerson	□ Chairman	Name:			
ŪVíœ Chairman	Address: 6077 Shafford Och	OVice Chairman	Address:			
IIDirector	Sebong FL 33875	O Director				
President		☐ President				
□Vice President		□Vice President				
☐ Secretary	☐Treasurer	☐ Secretary	□Treasurer			
DOther:	Other:	Other:	Other			
□ Chairman	Name: Lingi Wilkinson	□ Chairman	Name:			
□Vice Chairman	Address: 6077 Stratford Oaks	☐Vice Chairman	Address:			
Director	School FL 35875	□ Director				
O President		□ Præidæt				
□Vice President		□Vice President				
Socretary	ETreasurer	☐ Socretary	Olicawa			
□Other:	D Other	□ Other:				
			•			
DCbairman	Name: Justin Smith	□ Chairman	Name;			
□Vice Chairman	Address: 2859 Briagnood Lac	OVice Chairman	Address:			
□ Director	Selving FL 33875	□ Director				
□President		□ President				
□Vice President		□Vice President				
☐Secretary	☐T(easurer	OScoretary	[]Treasurer			
ØOther:	D Other:	□ Other:				
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)						
(Signature of Chairman, or any officer taken in number 12 of the application) 14. Teson Victor Trees of Chairman, or any officer taken in number 12 of the application)						



ANY CHARLES AND ANT ANT ANT ANT ANT ANT AND ANT AND ANT AND ANT AND ANT AND ANT AND AND ANT AND ANT AND ANT AN

NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

GREAT COMMISSION AVIATION, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 7th day of April, 2015, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scon to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of November, 2023.

Elane & Marshall

Secretary of State

(((H23000413583 3)))