

N110000005/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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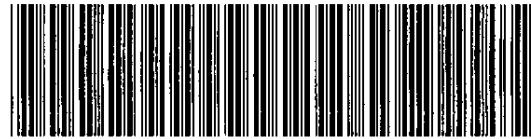
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
1/19/11

COVER LETTER

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

SUBJECT: East Central Florida Honor Flight, 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: Pat Nelson
Name (Printed or typed)

95 Sheridan Ave.
Address

Satellite Beach, FL 32937
City, State & Zip

321-446-3759
Daytime Telephone number

honorflightbrevard@gmail.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:

East Central Florida Honor Flight, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

95 Sheridan Ave
Satellite Beach, FL 32937

P.O. Box 560975
Rockledge, FL 32956

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide, free of charge, a trip for selected veterans to view the World War II Memorial in Washington, DC.

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

Elected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tom Quinn, Chair
Address: 1767 Sienna Drive
Melbourne, FL 32934

Name and Title: Pat Nelson, Vice-Chair & Treasurer
Address: 95 Sheridan Ave
Satellite Beach, FL 32937

Name and Title: Karen Quinn, Recording Secretary
Address: 1767 Sienna Drive
Melbourne, FL 32934

Name and Title: Cynthia Morgan, Secretary
Address: 1749 Freedom Drive
Viera, FL 32940

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Pat Nelson
Address: 95 Sheridan Ave
Satellite Beach, FL 32937

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pat Nelson
Address: 95 Sheridan Ave
Satellite Beach, FL 32937

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TALLAHASSEE FLORIDA

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

Patricia C. Nelson

Required Signature of Registered Agent

1-12-11

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.

Patricia C. Nelson

Required Signature of Incorporator

1-12-11

Date