

N12000008012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

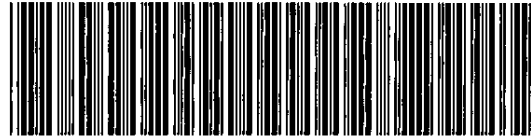
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

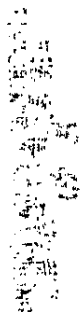


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08/17/12--01018--001 \*\*70.00

08/17/12--01018--002 \*\*8.75

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## COVER LETTER

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

SUBJECT: Mission Flight Training, 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: Larry Taylor C/O The Baptist College of Florida  
Name (Printed or typed)

5400 College Drive

Address

Graceville, FL 32440

City, State & Zip

(850) 263-3261 ext. 445

Daytime Telephone number

takinchen@baptistcollege.edu

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: Mission Flight Training, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3606 Mission Lane  
Bonifay, FL 32425

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is to provide ground and flight training leading to students receiving Federal Aviation Administration (FAA) approved certification.

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

Directors are elected by the Board of Trustees of The Baptist College of Florida, Inc.

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mr. Larry Taylor  
Address: 30612 Sunnyridge Court  
Leesburg, FL 34748

Name and Title: Mr. Chris King  
Address: 1195 Tenth Avenue  
Graceville, FL 32440

Name and Title: Mr. Doug Nellums  
Address: 3013 Pine Forest Road  
Cantonment, FL 32533

Name and Title: Dr. Thomas A. Kinchen  
Address: 1228 Sanders Avenue  
Graceville, FL 32440

Name and Title: Mr. Dozier Johnson  
Address: 5084 Centennial Oak Circle  
Tallahassee, FL 32305-5813

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

### **ARTICLE VI REGISTERED AGENT**

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

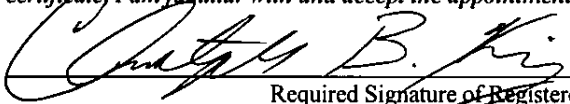
Name: Mr. Chris King  
Address: 1195 Tenth Avenue  
Graceville, FL 32440

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

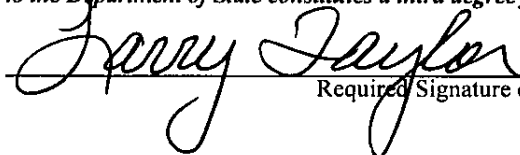
Name: Mr. Larry Taylor  
Address: 30612 Sunnyridge Court  
Leesburg, FL 34748

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

  
Required Signature of Registered Agent

08/09/2012  
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.

  
Required Signature of Incorporator

08/14/12  
Date

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