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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/6/14

COVER LETTER

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

SUBJECT: WORTHINGTON SPRINGS AIRPORT ASSOCIATION INCORPORATION
(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: JOHN D. RIMES, JR.
Name (Printed or typed)

P.O. BOX 22
Address

WORTHINGTON SPRINGS, FL. 32697
City, State & Zip

(386) 496-1818 - C-(352) 318-8910
Daytime Telephone number

lessie325@yahoo.com
E-mail address: (to be used for future annual report notification)

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NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: WORTHINGTON SPRINGS COMMUNITY AIRPORT ASSOCIATION CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address:

11918 SW 37th TRAIL

LAKE BUTLER, FL. 32054

Mailing address, if different is:

P.O. Box 22

WORTHINGTON SPRINGS, FL. 32697

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE A FACILITY THROUGH A COMMUNITY AIRPORT TO ENHANCE THE AVIATION CAPABILITY AND ACCESSABILITY OF RURAL NORTH-CENTRAL FLORIDA

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

APPOINTED BY THE PRESIDENT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN D. RIMES, JR, PRESIDENT
Address: P.O. Box 22, WORTHINGTON SPRINGS, FL. 32697

Name and Title: LESSIE M. RIMES - SECRETARY/TREASURER
Address: P.O. Box 22, WORTHINGTON SPRINGS, FL. 32697

Name and Title: JOHN D. RIMES, III - DIRECTOR
Address: P.O. Box 22, WORTHINGTON SPRINGS, FL. 32697

Name and Title: JEFFREY D. RIMES - Director
Address: P.O. Box 22, WORTHINGTON SPRINGS, FL. 32697

Name and Title:
Address:

Name and Title:
Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: JOHN D. RIMES, JR.

Address: 11918 S.W. 37th TRAIL

LAKE BUTLER, FL. 32054

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOHN D. RIMES, JR.

Address: P.O. Box 22

WORTHINGTON SPS., FL. 32697

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

John D. Rimes Jr. 5-30-14

Required Signature of Registered Agent 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.

John D. Rimes Jr. 5-30-14

Required Signature of Incorporator Date