

N15 000001871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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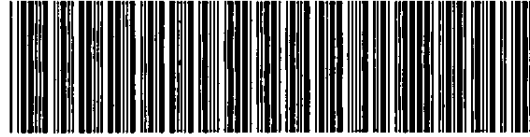
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2 22 1568

## COVER LETTER

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

SUBJECT: Operation Airboat 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: Rhonda Breisinger  
Name (Printed or typed)

4801 Oakwood Dr  
Address

Saint Cloud, FL 34772  
City, State & Zip

321-624-2895  
Daytime Telephone number

rhondaroo817@aol.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: Operation Airboat Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
4801 Oakwood Dr

Mailing address, if different is: \_\_\_\_\_

Saint Cloud, FL 34772

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To provide care packages to U.S. military serving abroad

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**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
As provided for in the bylaws

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

Name and Title: Rhonda Breisinger Director  
Address: 4801 Oakwood Dr  
Saint Cloud, FL 34772

Name and Title: Victoria Cruz Director  
Address: 25131 Algonquin Ave  
Sorrento, FL 32776

Name and Title: Joyce Bass Director  
Address: 3559 Edsel Ave  
Saint Cloud, FL 34772

Name and Title: Richard Carroll Director  
Address: 660 Tabatha Dr  
Osteen, FL 32764

Name and Title: Mary Ann Schneider Director  
Address: 4220 Quail Roost Rd  
Saint Cloud, FL 34772

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: Rhonda Breisinger

Address: 4801 Oakwood Dr  
Saint Cloud, FL 34772

**ARTICLE VII INCORPORATOR**

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

Name: Rhonda Breisinger

Address: 4801 Oakwood Dr  
Saint Cloud, FL 34772

*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*

Rhonda Breisinger  
Required Signature of Registered Agent

2/10/15  
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.*

Rhonda Breisinger  
Required Signature of Incorporator

2/10/15  
Date