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(Requestor's Name)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORP. SERVICES  
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## COVER LETTER

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

**SUBJECT:** Regional Orlando Applied Rocketry, 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:** Barbara J. Nehr  
\_\_\_\_\_  
Name (Printed or typed)

20448 Majestic St.  
\_\_\_\_\_  
Address

Orlando, FL 32833  
\_\_\_\_\_  
City, State & Zip

407-694-5867  
\_\_\_\_\_  
Daytime Telephone number

bjnehr@gnc.net

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: Regional Orlando Applied Rocketry, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

20448 Majestic St.

Orlando, FL 32833

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide rocketry education and launch site access for amateur rocket enthusiasts and students.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: appointed until group  
is large enough to hold elections.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adam J. Nehr III, President

Address: 20448 Majestic St.

Orlando, FL 32833

Name and Title: Barbara J. Nehr, Secretary/Treasurer

Address: 20448 Majestic St.

Orlando, FL 32833

Name and Title: Matthew Fonseca, Vice President

Address: 3001 SE Lake Weir Ave.

Apt. 303

Ocala, FL 34471

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF REVENUE & FINANCE

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Adam J. Nehr III

Address: 20448 Majestic St.  
Orlando, FL 32833

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Barbara J. Nehr

Address: 20448 Majestic St.  
Orlando, FL 32833

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SECRETARY OF STATE  
JUN 16 2016

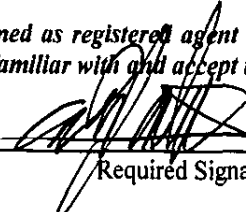
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

2 June 2016

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

2 June 2016

Date