

N16000026109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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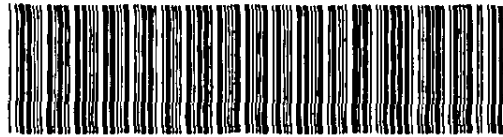
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 3 2016
TALLAHASSEE, FL 32304

16 JUN -3 PM 3:00

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COVER LETTER

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

SUBJECT: Gville Flyers, 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: Jon Graham
Name (Printed or typed)

5236 NW 47th Lane
Address

Gainesville, FL 32606
City, State & Zip

561-354-8270
Daytime Telephone number

gvilleflyers@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: Gville Flyers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5236 NW 47th Ln

Gainesville, FL 32606

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Gville Flyers, Inc. is a non-profit flying and social club providing flying oriented social events, recreational flying, and a means to fly in a non-commercial environment for its members.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jon Graham, President

Address: 5236 NW 47th Lane
Gainesville, FL 32606

Name and Title: Clarence Gravlee, Secretary/Treasurer

Address: 8905 SW 62nd Place
Gainesville, FL 32608

Name and Title: Michael Hare, Safety Officer

Address: 8681 SW 89th Lane
Gainesville, FL 32608

Name and Title: Carlos Dougnac, Maintenance Officer

Address: 1945 NW 113th Drive
Gainesville, FL 32606

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

16 JUN - 3 PM 3:00

FILED

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: Jon Graham

Address: 5236 NW 47th Lane

Gainesville, FL 32606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jon Graham

Address: 5236 NW 47th Lane

Gainesville, FL 32606

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

Jon E. Graham

Required Signature of Registered Agent

Jon E. Graham

6/1/16

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.

Jon E. Graham

Required Signature of Incorporator

Jon E. Graham

6/1/16

Date