N16000006399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAY 16 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/24/16

COVER LETTER

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

SUBJECT: FLORIDA PROFESSIONAL MOTORCYCLE 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: DAVID P. CRUZ
Name (Printed or typed)

6611 CARNATION WAY
Address

PORT RICHEY, FL. 34668
City, State & Zip

727-457-8522
Daytime Telephone number

DCRUZZIN@AOL.COM
E-mail address: (to be used for future annual report notification)

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16 MAY 16 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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16 MAY 16 PM 4:04

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2016

DAVID P. CRUZ
6611 CARNATION WAY
PORT RICHEY, FL 34668

SUBJECT: FLORIDA PROFESSIONAL MOTORCYCLE TRAINING, INC.
Ref. Number: W16000037306

We have received your document for FLORIDA PROFESSIONAL MOTORCYCLE TRAINING, INC. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The affidavit or letter must be signed by someone from the dissolved corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

You must list at least one incorporator with a complete business street address.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 216A00012518

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16 MAY 16 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2016

DAVID P. CRUZ
6611 CARNATION WAY
PORT RICHEY, FL 34668

SUBJECT: FLORIDA PROFESSIONAL MOTORCYCLE TRAINING, INC.
Ref. Number: W16000037306

We have received your document for FLORIDA PROFESSIONAL MOTORCYCLE TRAINING, INC. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 416A00010852

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16 MAY 10 PM 4:04

5-10-2016

LETTER OF OWNER NON-REINSTATMENT

To Whom it may Concern,

I "David P. Cruz" the owner of "Florida Professional Motorcycle Training, Inc" the Dissolution Entity. We have no intention of re-initiating the for-Profit Corp.

Thank You,

David P. Cruz

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: FLORIDA PROFESSIONAL MOTORCYCLE TRAINING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

6935 RIDGE RD
PORT RICHEY, FL 34668

Mailing address, if different is:

6611 CARNATION WAY
PORT RICHEY, FL. 34668

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SAFETY EDUCATION, MOTORCYCLE RIDER TRAINING, MOTORCYCLE BYSTANDER ASSISTANT TRAING (FIRST AIDE), CPR TRAINING, FIRST AID, BABYSITTING, OXYGEN ADMINISTRATION, WILDERNESS FIRST AIDE, AND FIRST RESPONDER TRAINING

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID P. CRUZ, OWNER DIRECTOR
Address: 6611 CARNATION WAY
PORT RICHEY, FL 34668

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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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: David P. Cruz

Address: 6611 Carnation Way
Port Richey, FL. 34668

ARTICLE VII INCORPORATOR

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

Name: David P. Cruz

Address: 6611 Carnation Way
Port Richey, FL. 34668

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ARTICLE VIII EFFECTIVE DATE:

Effective date. if other than the date of filing: 5-9-2016 (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

David P. Cruz — 5-9-16

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.

David P. Cruz — 5-9-16

Required Signature of Incorporator — Date