

N16000008108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700284569227

04/18/16--01022--001 **78.75

FILED
16 APR 18 PM 12:50
STATE OF ARIZONA
DEPT. OF REVENUE
TALLAHASSEE, FL 32301

COVER LETTER

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

SUBJECT: Dreams Soar, 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: Shaesta Waiz

Name (Printed or typed)

3737 Mayo Circle

Address

Ormond Beach, FL 32174

City, State & Zip

510-365-4458

Daytime Telephone number

waizs@my.erau.edu

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: Dreams Soar, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3737 Mayo Circle

Ormond Beach, FL 32174

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our mission is to inspire the next generation of STEM professionals and pilots by providing aviation-related seminars and similar experiences for children. This organization is formed exclusively for and limited to charitable purposes within the meaning of section 501(c)3. This organization may not engage in any activities that in themselves are not in furtherance of one or more exempt purposes. Assets of this organization will be permanently dedicated to an exempt purpose. This means that should this organization dissolve, the remaining assets shall be used exclusively for section 501(c)(3) exempt purposes. Its assets shall be distributed for an exempt purpose described in section 501(c)(3), or to the Federal Government or to a state or local government for a public purpose.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lyndse Costabile
Address: 600 S. Clyde Morris Blvd
Daytona Beach, FL 32114

Name and Title: Louis C. Seno
Address: 600 S. Clyde Morris Blvd
Daytona Beach, FL 32114

Name and Title: Jason Goldstein
Address: 55 Miracle Mile
Coral Gables, FL 33134

Name and Title: Rose Marie Norman
Address: 2403 N. Washington Ave
Dallas, TX 75204

Name and Title: Bruce Granger
Address: 2919 Plott Creek Road
Waynesville, NV 28786

Name and Title: Dr. James Sulton
Address: P.O. Box 1213
Manassas, VA 20108

16 APR 18 PM 12:50
FILED
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

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: Shaesta Waiz

Address: 3737 Mayo Circle

Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR

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

Name: Shaesta Waiz

Address: 3737 Mayo Circle

Ormond Beach, FL 32174

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

Shaesta Waiz
Required Signature of Registered Agent

4/15/2016

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.

Shaesta Waiz
Required Signature of Incorporator

4/15/2016

Date