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(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
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Certified Copies	_ Certificates	s of Status			
 					
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COVER LETTER

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

SUBJECT: Pelican Flyir	ng Club, Inc.		
SOBJECT:	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Ar	ticles 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 CO	PPY REQUIRED
FROM:	Donna Forsyth Wilt Na	me (Printed or typed)	-
	687 Brush Foot Dr	Address	-

Sebastian, FL 32958

PelicanFlyingClub@gmail.com

772-581-2764

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

E-mail address: (to be used for future annual report notification)

City, State & Zip

Daytime Telephone number

17 JAH -3 PH 5: 35

Articles of Incorporation of Pelican Flying Club, Inc.

The undersigned, whom are citizens of the United States, desiring to form a Not-for-Profit Corporation under the Not-for-Profit Corporation Law of FLORIDA, do hereby certify:

ARTICLE 1. NAME

The name of the corporation is Pelican Flying Club, Inc.

ARTICLE 2. PRINCIPAL OFFICE

The Street Address and Mailing Address of the corporation is:

687 Brush Foot Dr. Sebastian, FL 32958

ARTICLE 3. PURPOSE

The corporation is organized exclusively to operate a not-for-profit flying club for the pleasure and recreation of its members with activities that qualify under 501(c)7 of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE 4. MANNER OF ELECTION

Directors are elected by the membership in accordance with the By-Laws.

ADTICLE		PAUTIAL	OFFICERS
AKTILLE	Э.	INITIAL	OFFILERS

Initial President: Dennis W. Wilt

Address:

687 Brush Foot Dr.

Sebastian, FL 32958

Initial Treasurer: Donna Forsyth Wilt

Address:

687 Brush Foot Dr.

Sebastian, FL 32958

Initial Director:

Charles F. Wilt

Address:

211 Butler St.

Melbourne, FL 32901

ARTICLE 6. REGISTERED AGENT

The Registered Agent Name and Address is:

Name:

Donna Forsyth Wilt

Address:

687 Brush Foot Dr.

Sebastian, FL 32958

ARTICLE 7. INCOPORATOR

The Incorporator Name and Address is:

Name:

Dennis W. Wilt

Address:

687 Brush Foot Dr.

Sebastian, FL 32958

SECRETARY OF STATE TALLY AND -3 PH 5: 35

ARTICLE 8. LIMITATIONS ON USE OF NET EARNINGS

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 3 hereof. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

ARTICLE 9. DISTRIBUTION OF ASSETS UPON DISSOLUTION

Upon dissolution of this corporation, the remaining assets of the corporation shall go and be distributed to a 501(c)3 aviation-related organization.

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

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

<u>Kec. 30,2016</u> Date