

NI 1000005098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

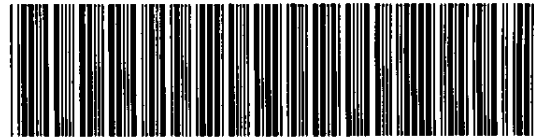
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17 MAY 12 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NI 5/12/17

## COVER LETTER

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

**SUBJECT:** Skyway 5K Corp.

(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:** Matthew Erickson  
\_\_\_\_\_  
Name (Printed or typed)

3742 Foster Hill Drive N  
\_\_\_\_\_  
Address

St. Petersburg, FL 33704  
\_\_\_\_\_  
City, State & Zip

239-269-7443  
\_\_\_\_\_  
Daytime Telephone number

Skyway5K@ETeamSP.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2017

MATTHEW ERICKSON  
3742 FOSTER HILL DRIVE N  
ST PETERSBURG, FL 33704

SUBJECT: SKYWAY 5K CORP  
Ref. Number: W17000031436

We have received your document for SKYWAY 5K CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Can only accept (one) set of Articles.

Please return 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 417A00006991

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be: Skyway 5K Corp.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
3742 Foster Hill Drive N

St. Petersburg, FL 33704

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Benefit the Sun Coast Police Benevolent Association and their fallen  
fallen Police Officers' Memorial Fund.

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

Directors will be elected in annual meeting.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew Erickson / President and CEO

Address: 3742 Foster Hill Drive N  
St. Petersburg, FL 33704

Name and Title:

Address:

Name and Title: LeNard Cox / Vice President

Address: 14141 46th Street N, #1205  
Clearwater, FL 33762

Name and Title:

Address:

Name and Title: Leisa Erickson / Treasurer

Address: 3742 Foster Hill Drive N  
St. Petersburg, FL 33704

Name and Title:

Address:

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: Matthew Erickson  
Address: 3742 Foster Hill Drive N  
St. Petersburg, FL 33704

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Matthew Erickson  
Address: 3742 Foster Hill Drive N  
St. Petersburg, FL 33704

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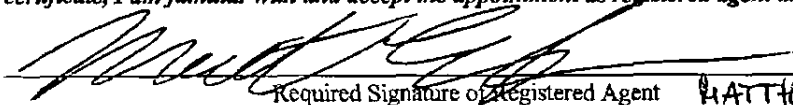
**ARTICLE VIII EFFECTIVE DATE:**

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

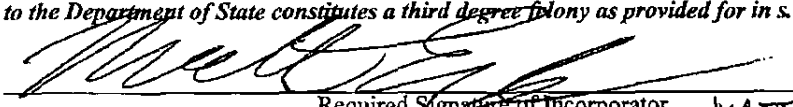
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 03/29/17  
Required Signature of Registered Agent MATTHEW ERICKSON 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.*

 03/29/17  
Required Signature of Incorporator MATTHEW ERICKSON Date