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18 MAR 13 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. O'KEEFE  
MAR 21 2018

## COVER LETTER

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

**SUBJECT:** Blue Angels PSSC 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:** Jonathan E. Horowitz  
\_\_\_\_\_  
Name (Printed or typed)

9873 Orange Avenue  
\_\_\_\_\_  
Address

Fort Pierce, FL 34945  
\_\_\_\_\_  
City, State & Zip

772-971-5093  
\_\_\_\_\_  
Daytime Telephone number

JEH430@bellsouth.net  
\_\_\_\_\_  
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: Blue Angels PSSC Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
9873 orange Avenue

Fort Pierce, FL. 34945

Mailing address, if different is:

**ARTICLE III PURPOSE**

Said Corporation is organized exclusively for charitable, religious, educational  
The purpose for which the corporation is organized is: \_\_\_\_\_  
and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations  
under section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section  
501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed 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: By the by-laws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mike Menco- President

Address: 1921 SW Agnes Street  
Port Saint Lucie, FL. 34953

Name and Title: Darrel Murphy- Vice president

Address: 1971 SW Agnes Street  
Port Saint Lucie, FL. 34953

Name and Title: Jonathan Horowitz- Treasurer

Address: 9873 Orange Avenue  
Fort Pierce, FL. 34945

Name and Title: Glenn Pingel-Secretary

Address: 411 SE Evans Avenue  
Port Saint Lucie, FL. 34984

Name and Title: Eric Wortham- Sergeant at Arms

Address: 2462 SE Melaleuca Blvd.  
Port Saint Lucie, FL. 34952

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: Jonathan E. Horowitz

Address: 9873 Orange Avenue

Fort Pierce, FL. 34945

**ARTICLE VII INCORPORATOR**

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

Name: Jonathan E. Horowitz

Address: 9873 Orange Avenue

Fort Pierce, FL. 34945

**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.)

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TALLAHASSEE, FLORIDA

**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*

J. E. Horowitz

Required Signature of Registered Agent

3-8-18

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.*

J. E. Horowitz

Required Signature of Incorporator

3-8-18

Date