

U18000083789

(Requestor's Name)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2018 APR -2 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE
APR 05 2018

COVER LETTER

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

SUBJECT: WOMEN IN AVIATION HEART OF FLORIDA CHAPTER

(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: Chris Meigs-Owen

Name (Printed or typed)

508 S Oregon Ave

Address

Tampa FL 33606

City, State & Zip

813 - 992 -2310

Daytime Telephone number

womentlly@mac.com

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

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

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Women in Aviation Heart of Florida Chapter LLC 117-22757
Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on January 2017
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

NA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Women in Aviation Heart of Florida Chapter
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

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TALLAHASSEE, FLORIDA

Signed this _____ day of March, 2015.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____
Printed Name: Chris Meigs Owen Title: Vice President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____

Printed Name: Chris Meigs Owen Title: V.P.

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: WOMEN IN AVIATION HEART OF FLORIDA Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3900 DON EMERSON DRIVE

Ste 210

Lakeland, FL 33811

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The organization shall be operated exclusively for charitable, scientific and educational purposes within the meaning of Section 501(c) (3) of the US Internal Revenue Code of 1986, as amended.

Consistent with such limitations, the purposes of the Chapter shall be to function as a chapter of Women in Aviation International,

West Alexandria, Ohio. In that regard, the Corporation shall: a. Foster, promote and engage in aviation education, particularly as it

relates to women in aviation, b. Cultivate, foster and promote interest and understanding among the public in the accomplishments and

contributions of women to the aviation industry, c. Promote and engage and facilitate membership in Women in Aviation International

d. Support and promote the mission, vision, goals and objectives of Women in Aviation International.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed, Elected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Olivia Lisbon, President

Address: 940 Fenton Lane
Lakeland, FL 33809

Name and Title: Chris Meigs-Owen, Vice President

Address: 508 S Oregon Ave
Tampa, FL 33606

Name and Title: Lisa Schaefer, Secretary

Address: 2727 Easton Terrace
Lakeland, FL 33801

Name and Title: Ann Smith, Treasurer

Address: 1917 Viewpoint Landings Road
Lakeland, FL 33810

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

OFFICE OF STATE
TREASURER
TALLAHASSEE, FLORIDA

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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: Chris Meigs-Owen

Address: 508 S Oregon Ave

Tampa FL 33606

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 APR -2 PM 12:18

2018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Chris Meigs-Owen

Address: 508 S Oregon Ave

Tampa FL 33606

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

[Signature]
Required Signature of Registered Agent

02/18/2018
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.

[Signature]
Required Signature of Incorporator

02/18/2018
Date