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Florida Department of State  
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Account Name : PARASEC  
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Phone : (916)576-7000  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: RLSOS@PARASEC.COM

FLORIDA LIMITED LIABILITY CO.  
FlyONSPEED Incorporated

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FL  
**FILED**

# ARTICLES OF INCORPORATION

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

**ARTICLE I NAME**

The name of the corporation shall be: FlyONSPEED Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1202 Windward Circle

Niceville, FL 32578

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To develop, flight test and distribute via open-source caution and warning logic software, equipment and training resources for the experimental amateur built aviation community to mitigate loss-of-control mishap risk and reduce accident potential

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The directors are appointed by board of directors**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Vaccaro Director

Address: 1202 Windward Circle

Niceville, FL 32578

Name and Title: Cecil W Jones Director

Address: 816 Tarpon Drive

Ft Walton Beach, FL 32548

Name and Title: Christopher Jones Director

Address: 11411 NE 269th Street

Battle Ground, WA 98604

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and _____	Name and Title: _____
Title: Address _____	Address: _____
_____	_____
_____	_____
Name and _____	Name and Title: _____
Title: Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Rocket Lawyer Corporate Services LLC

Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Vanessa Calhoun

Address: 2804 Gateway Oaks Dr # 100

Sacramento, CA 95833

**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*

D. Herrera Leticia Herrera, Assl. Secretary  
Required Signature of Registered Agent

10/4/2018  
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.*

Vanessa Calhoun  
Required Signature of Incorporator

10/4/18  
Date