

N210000011850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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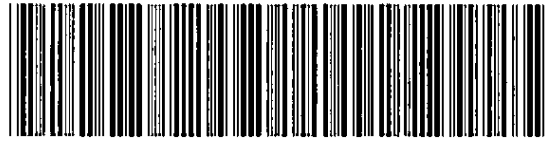
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

2021 OCT -7 PM 2:49

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FL

2021 OCT -7 PM 3:59

FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FRIENDS OF THE PALATKA AIRPORT,
INC.

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature _____

Requested by: BA

10/07/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

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

SUBJECT: FRIENDS OF THE PALATKA AIRPORT, 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: CHARLES T. DOUGLAS, JR.
Name (Printed or typed)

117 N. 2ND STREET

Address

PALATKA, FLORIDA 32177

City, State & Zip

904-673-2118

Daytime Telephone number

DOUGLAS_CHARLIE@HOTMAIL.COM

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

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

FILED

2021 OCT -7 PM 3: 59

ARTICLE I NAME

The name of the corporation shall be: FRIENDS OF THE PALATKA AIRPORT, INC.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address:
117 N. 2ND STREET

Mailing address, if different is:

PALATKA, FLORIDA 32177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TO SUPPORT AND ENCOURAGE AVIATION IN PUTNAM COUNTY FLORIDA

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES T. DOUGLAS, JR. Name and Title: _____

Address: 117 N. 2ND STREET Address: _____

PALATKA, FLORIDA 32177

PRESIDENT

Name and Title: JUD NEUFELD Name and Title: _____

Address: P.O. BOX 500 Address: _____

BOSTWICK, FLORIDA 32007

SECRETARY

Name and Title: CHARLES BENJAMIN BATES, IV Name and Title: _____

Address: 3400 CRILL AVENUE, #2 Address: _____

PALATKA, FLORIDA 32177

TREASURER

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: CHARLES T. DOUGLAS, JR.
 Address: 117 N. 2ND STREET
PALATKA, FLORIDA 32177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHARLES T. DOUGLAS, JR.
 Address: 117 N. 2ND STREET
PALATKA, FLORIDA 32177


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


 Required Signature of Registered Agent

10/6/2021
 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

10/6/2021
 Date

2021 OCT -7 PM 3:59
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED