

N23000013331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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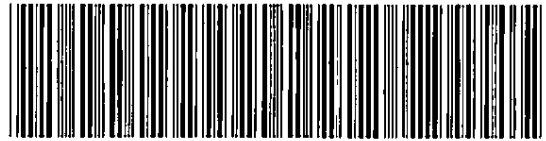
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 OCT 31 AM 11:38
STATE
HALLANDALE, FL

COVER LETTER

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

SUBJECT: Flying Wings of Miami 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: Flying Wings of Miami INC.
Name (Printed or typed)

601 E. Dania Beach Blvd. Apt. 122
Address

Dania Beach, FL 33004
City, State & Zip

(516) 644-0552
Daytime Telephone number

Vernjamal @Gmail.com
E-mail address (to be used for future annual report notification)

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

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TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: Flying Wings of Miami Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

601 E. Dania Beach Blvd.

Apt. 122

Dania Beach, FL 33004

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To further a social

cause and provide a public benefit

Train community in STEM with a focus

on Aviation. Provide a space for inclusion for

of like minded individuals with a love

and focus on Flying Aircrafts here in South Florida

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

VERNON S. COZIER Jr.

Name and Title: President

Name and Title: _____

Address: 601 E. Dania Beach Blvd.

Address: _____

Apt. 122

Dania Beach, FL 33004

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

STATE OF FLORIDA
COUNTY OF MIAMI

2023 OCT 31 AM 11:38

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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: Vernon J. Cozier Jr.
Address: 601 E. Dania Beach Blvd. Apt. 122
Dania Beach, FL 33004

ARTICLE VII INCORPORATOR

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

Name: Vernon J. Cozier Jr.
Address: 601 E. Dania Beach Blvd. Apt. 122
Dania Beach, FL 33004

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

10/26/23
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

10/26/23
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FL