

124/000010544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

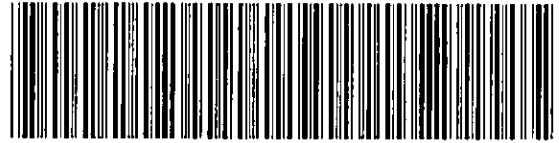
(Business Entity Name)

(Document Number)

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2024 AUG 28 AM 10:05
SEC. TREASURY
TALLahassee, FL

COVER LETTER

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

SUBJECT: LISCAT CUB, 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: Ryan L Coberly
Name (Printed or typed)

10641 95th St.
Address

Seminole, FL 33777
City, State & Zip

813-446-5849
Daytime Telephone number

ryan.coberly@gmail.com

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

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

2024 AUG 28 AM 10:05
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: LISCAT CUB, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
10641 95th St.

Seminole, FL 33777

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

This is a nonprofit or not-for-profit entity organized for the express purpose of providing it's members with an aircraft for their
personal use and enjoyment only.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ryan L. Coberly, President

Address: 10641 95th St.
Seminole, FL 33777

Name and Title: _____

Address: _____

Name and Title: Brice K. Ross, Vice President

Address: 741 Crystal Lake Rd
Lutz, FL 33548

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2024 AUG 28 AM 10:05
FILED
CLERK OF DISTRICT COURT
FLORIDA
SEVENTH JUDICIAL CIRCUIT
IN AND FOR THE COUNTY OF SEMINOLE

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: Ryan L. Coberly

Address: 10641 95th St.

Seminole, FL 33777

ARTICLE VII INCORPORATOR

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

Name: Ryan L. Coberly

Address: 10641 95th St.

Seminole, FL 33777

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/1/2024 (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.)

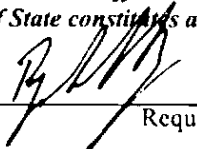
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

07/24/24
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

07/24/24
Date

SECRETARY OF STATE
TALLAHASSEE, FL

2024 AUG 28 AM 10:05

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