

PO4000136421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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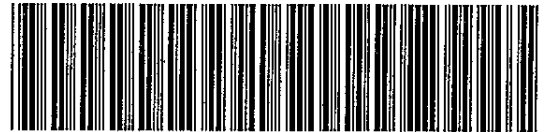
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-30-04

TRANSMITTAL LETTER

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

SUBJECT: FUN FLIGHT CHARTERS INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: JERROLD COHN
Name (Printed or typed)

5624 CAGLE RD

Address

JACKSONVILLE, FL 32216

City, State & Zip

904 472 3730

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

FUN FLIGHT CHARTERS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5624 CAGLE RD JACKSONVILLE, FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CHARTER SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JERROLD COHN: 5624 CAGLE RD, JACKSONVILLE, FL 32216
PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JERROLD COHN, 5624 CAGLE RD, JACKSONVILLE, FL 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JERROLD COHN 5624 CAGLE RD, AJCKSONVILLE, FL 32216

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/Registered Agent



Signature/Incorporator

FILED

04 SEP 30 PM 2: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date