

P05000/44464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

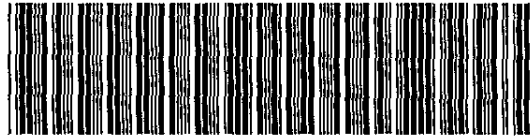
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cy. 10-25

COVER LETTER

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

SUBJECT: FULL FLIGHT PARACHUTE SALES, 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: LYLE PRESSÉ
Name (Printed or typed)

118 LANDOVER DR.
Address

SEBASTIAN, FL. 32958
City, State & Zip

(772) 589-1551
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:

FULL FLIGHT PARACHUTE SALES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

400 W. AIRPORT DR.
SEBASTIAN, FL. 32958

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS PURPOSE

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):

LYLE PRESSÉ PRESIDENT
118 LANDOVER DR.
SEBASTIAN, FL. 32958

ARTICLE VI REGISTERED AGENT

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

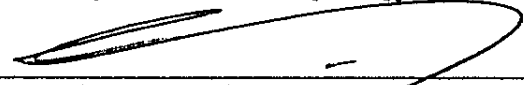
LYLE PRESSÉ
118 LANDOVER DR. SEBASTIAN, FL 32958

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LYLE PRESSÉ
118 LANDOVER DR. SEBASTIAN, FL. 32958

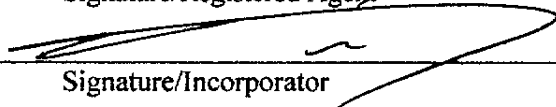
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/19/05

Date



Signature/Incorporator

10/19/05

Date

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TALLAHASSEE, FLORIDA