

P140000011257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

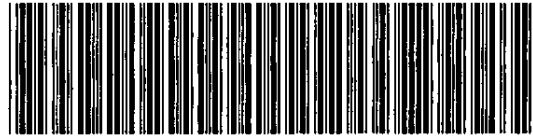
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 31 PM 1:20



COVER LETTER

5

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

SUBJECT: Lone Eagle Aviation Florida 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: Charles L. Raymond

Name (Printed or typed)

2654 State Park Road

Address

Lakeland, Florida, 33805

City, State & Zip

863-581-9564

863-327-7511

Daytime Telephone number

loneeagleaviation@hotmail.com

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

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: Lone Eagle Aviation Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2654 State Park Road

Same

Lakeland, Florida

33805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 5000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles L. Raymond / President

Name and Title: Barbara A. Raymond / Vice President

Address 2654 State Park Road

Address: 2654 State Park Road

Lakeland , Florida

Lakeland, Florida

33805

33805

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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: William A. Moffat
Address: 115 Van Fleet Drive
Bartow, Florida, 33830

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles L. Raymond
Address: 2654 State Park Road
Lakeland, Florida, 33805

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

William A. Moffat
Required Signature/Registered Agent

January 28, 2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Charles L. Raymond
Required Signature/Incorporator
Charles L. Raymond

January 28 2014
Date

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Lakeland, Florida

33805

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Lakeland , Florida

33805

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Address: 2654 State Park Road

Lakeland, Florida

33805

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Address: _____

Name and Title: _____

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