

P/4000042247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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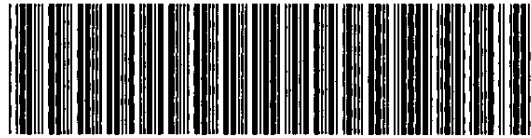
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R 05/13/14

COVER LETTER

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

SUBJECT: Career Flight Training & Aircraft Rental, 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: Stephen A. Davis
Name (Printed or typed)

5334 Cypress Lane
Address

Naples, FL 34113
City, State & Zip

239 398 0260
Daytime Telephone number

cloudsurfer0278@icloud.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: Career Flight Training and Aircraft Rental, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5334 Cypress Lane

Naples, FL 34113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all activities which a corporation
~~may be incorporated in the State of Florida,~~ including without limitation
flight training and aircraft rental.

ARTICLE IV SHARES

The number of shares of stock is:

1200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Stephen Alan Davis, President

Name and Title:

Address

5334 Cypress Lane

Address:

Naples, FL 34113

Name and Title:

David C. Randall, DVM

Name and Title:

Address

Secretary / Treasurer

Address:

5332 Cypress Lane

Naples, FL 34113

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

(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: Stephen Alan Davis
Address: 5334 Cypress Lane
Naples, FL 34113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephen Alan Davis
Address: 5334 Cypress Lane
Naples, FL 34113

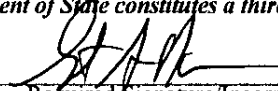
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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/Registered Agent

6 May 14
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.


Required Signature/Incorporator

6 May 14
Date