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COVER LETTER

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

SUBJECT: Spaceport Avionics Services 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: Harrel Crenshaw
Name (Printed or typed)
5545 Pine Street
Address
Coweta, FL 32927
City, State & Zip
321-506-8099
Daytime Telephone number
d31spence@gmail.com
E-mail address: (to be used for future annual report notification)

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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: Spaceport Avionics Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

7000 Challenger Ave.
Titusville, FL 32780

Mailing address, if different is:

5545 Pine Street
Colwa, FL 32927

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Installation and service of
aircraft electronics.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jerry D Spurlock P/Secy Name and Title: _____

Address: 3812 Sunward Drive Address: _____
MerriH Island, FL 32953

Name and Title: Harrel Crenshaw VP/Treas Name and Title: _____

Address: 5545 Pine St Address: _____
Colwa, FL 32927

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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FLORIDA

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: Debra Kline

Address: 1011 Albin Street

Cocoa, FL 32927

ARTICLE VII INCORPORATOR

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

Name: Debra Kline

Address: 1011 Albin St

Cocoa, FL 32927

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

Debra Kline

Required Signature/Registered Agent

5/24/16

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.

Debra Kline

Required Signature/Incorporator

5/24/16

Date