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16 JUN - 3 PM 3:00

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## COVER LETTER

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

**SUBJECT:** Gville Flyers, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Jon Graham  
\_\_\_\_\_  
Name (Printed or typed)

5236 NW 47th Lane  
\_\_\_\_\_  
Address

Gainesville, FL 32606  
\_\_\_\_\_  
City, State & Zip

561-354-8270  
\_\_\_\_\_  
Daytime Telephone number

gvilleflyers@gmail.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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Gville Flyers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address:  
5236 NW 47th Ln

Gainesville, FL 32606

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Gville Flyers, Inc. is a non-profit flying and social club providing flying oriented social events, recreational flying, and a means to fly in a non-commercial environment for its members.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As provided for in Bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jon Graham, President  
Address: 5236 NW 47th Lane  
Gainesville, FL 32606

Name and Title: Clarence Gravlee, Secretary/Treasurer  
Address: 8905 SW 62nd Place  
Gainesville, FL 32608

Name and Title: Michael Hare, Safety Officer  
Address: 8681 SW 89th Lane  
Gainesville, FL 32608

Name and Title: Carlos Dougnac, Maintenance Officer  
Address: 1945 NW 113th Drive  
Gainesville, FL 32606

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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16 JUN -3 PM 3:00

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: Jon Graham

Address: 5236 NW 47th Lane

Gainesville, FL 32606

**ARTICLE VII INCORPORATOR**

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

Name: Jon Graham

Address: 5236 NW 47th Lane

Gainesville, FL 32606

**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*

Jon E. Graham  
Jon E. Graham

Required Signature of Registered Agent

6/1/16  
Date

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

Jon E. Graham  
Jon E. Graham

Required Signature of Incorporator

6/1/16  
Date