

P19000048293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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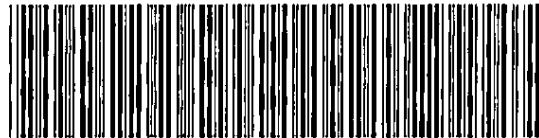
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TALLAHASSEE, FLORIDA

JUN 17 2019

K Brumpley

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 6/14/2019

****WALK IN****

ENTITY NAME OUTLIER JETS, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

_____	<i>Plain Copy</i>
XXX _____	<i>Certified Copy</i>
_____	<i>Certificate of Status</i>
_____	_____

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____	<i>Certified Copy of Arts & Amendments</i>
_____	<i>Certificate of Good Standing</i>
_____	_____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$78.75

CHECK # 6226

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: Outlier Jets, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Dolores Burton, c/o United Corporate Service, Inc.

Name (Printed or typed)

100 State Street, Suite 800

Address

Albany, NY 12207

City, State & Zip

877-894-9049

Daytime Telephone number

abed@brodermansoor.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: Outlier Jets, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

315 DUNES BLVD #203

NAPLES, FL 34110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful act or activity permitted by law.

ARTICLE IV SHARES

The number of shares of stock is: 200 Common NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL FARLEY, President, Director

Name and Title: _____

Address 315 DUNES BLVD #203

Address: _____

NAPLES, FL 34110

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: MICHAEL FARLEY _____

Address: 315 DUNES BLVD #203 _____

NAPLES, FL 34110 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL FARLEY _____

Address: 315 DUNES BLVD #203 _____

NAPLES, FL 34110 _____

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 days prior or 90 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

/s/ Michael Farley _____

Required Signature/Registered Agent

6-14-19 _____

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.

/s/ Michael Farley _____

Required Signature/Incorporator

6-14-19 _____

Date