

N/5000 1122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

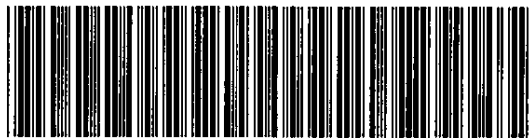
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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W15-67030



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15 NOV -9 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 18 2015
S. GILBERT

COVER LETTER

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

SUBJECT: SAAPA, 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: Jack Reilly

Name (Printed or typed)

2201 Sawgrass Village

Address

Ponte Vedra Beach, FL 32082

City, State & Zip

904-285-7543

Daytime Telephone number

jack@dlkelly.com

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

NOTE: Please provide the original and one copy of the articles.

**2201 Sawgrass Village
Ponte Vedra Beach, FL 32082**

November 4, 2015

Ms. Sylvia Gilbert
Regulatory Specialist II
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RECEIVED
15 NOV -9 PM 12:19
TALLAHASSEE, FL 32314

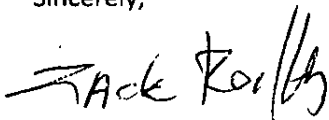
Re: Letter Number 615A00021372

Dear Ms. Gilbert:

Pursuant to our telephone conversation this morning, I'm enclosing revised articles of incorporation for SAAPA, Inc., reflecting the language we agreed upon.

We look forward to receiving approval as soon as possible. If you have any further questions, I can be reached at 904-285-7543.

Sincerely,



Jack Reilly

enc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2015

JACK REILLY
2201 SAWGRASS VILLAGE
PONTE VEDRA BEACH, FL 32082

SUBJECT: SAAPA, INC
Ref. Number: W15000067038

We have received your document for SAAPA, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 615A00021372

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

FILED

ARTICLE I NAME
The name of the corporation shall be: SAAPA, Inc

15 NOV -9 PM 3:02

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4796 US1 North
St Augustine, FL 32095

Mailing address, if different is: SECRETARY OF STATE
Box 1867
St Augustine, FL 32085
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To further the interest of the general public in aviation related matters,
relating particularly to Northeast Florida Regional Airport in St Augustine, FL, and the surrounding area.

This entity will be a 501C7 organization, with particular focus on furthering interest in aviation, particularly among young people.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: annual elections

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Len Tucker, President
Address: Box 1867
St Augustine, FL 32085

Name and Title: Jack Reilly, Treasurer
Address: Box 1867
St Augustine, FL 32085

Name and Title: Willaim Buckley, Secretary
Address: Box 1867
St Augustine, FL 32085

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Jack Reilly

Address: 2201 Sawgrass Village

Ponte Vedra Beach, FL 32082

ARTICLE VII INCORPORATOR

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

Name: Jack Reilly

Address: 2201 Sawgrass Village

Ponte Vedra Beach, FL 32082

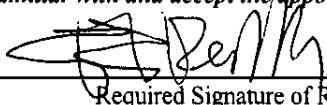
ARTICLE VIII EFFECTIVE DATE:

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

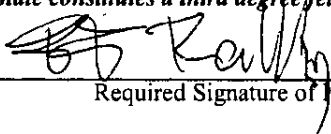


Required Signature of Registered Agent

9/29/15

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.



Required Signature of Incorporator

9/29/15

Date