

N10000002933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

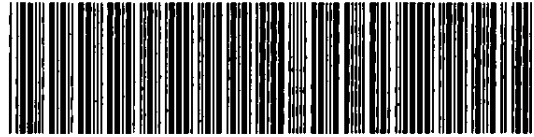
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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BEFORE MARY ANNE STAP  
MILLER/ASSEC. FLD/MSA

2010 MAR 22 AM

PL

J. Stivers MAR 23 2010

**COVER LETTER**

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

**SUBJECT:** Museum of Military History  
(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: Donald R. Smith  
Name (Printed or typed)

5021 Greenway Road  
Address

Kissimmee, Florida 34746  
City, State & Zip

(407) 396-6908  
Daytime Telephone number

drsmith5021@earthlink.net  
E-mail address: (to be used for future annual report notification)

2010 MAR 22 AM 11:20  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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:  
Museum of Military History, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
4425 West Vine Street  
Kissimmee, Florida 34741

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
promotion of social welfare of the community, coordinate, manage, operate and maintain a museum of military history and historical artifacts as directed by Parent organization: Veterans Tribute and Museum(501c19 EIN No. 20-1296230 DLN 17-053188038034).  
Dissolution of assets will be in accordance with approved established procedures of Veterans Tribute and Museum.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
Elections will be held annually to a Board of Directors consisting of five members and four officers, selected and elected by a majority vote of the General Membership. Proxy votes accepted for officer election only.

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

List name(s), address(es) and specific title(s):  
Donald R. Smith, Chairman, 5021 Greenway Road, Kissimmee, Florida 34746  
Gary Grimes, Vice Chairman, 2295 Lea Drive, St. Cloud, Florida 34769  
Scott Carmean, Executive Director, 1190 Pecan Street, Kissimmee, Florida 34741  
Fran Smith, Treasurer, 5021 Greenway Road, Kissimmee, Florida 34746

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Frank G. Clark  
1920 Tahiti Place  
Kissimmee, Florida 34741-2020

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Donald R. Smith  
5021 Greenway Road  
Kissimmee, Florida 34746

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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.*

Frank G. Clark  
Signature/Registered Agent

3/19/10  
Date

Donald R. Smith  
Signature/Incorporator

3/19/10  
Date