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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/11/2012

COVER LETTER

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

SUBJECT: AMERICAN DREAM BRIGADE, 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: MICHAEL E. GARGAS
Name (Printed or typed)

4565 SOUTH ATLANTIC AVE. #5406
Address

PONCE INLET, FLORIDA 32127
City, State & Zip

609-413-2583 (CELL)
Daytime Telephone number

MGARGAS@MMI-PRODUCTS.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: AMERICAN DREAM BRIGADE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
405 TIMAQUAN TRAIL #1
EDGEWATER, FL 32132

mailing address, if different is:
P O BOX 160
EDGEWATER, FL 32132-0160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide opportunities and relief to US Military Veterans via job placement, retraining skills for non-military work force and other economic opportunities.

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

Initial Directors shall be appointed by the incorporator. Future Directors by annual meeting of the board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DONNA K. GARGAS, CEO & PRES. Name and Title: PETER M. FERRIS, MBA, DIRECTOR
Address: 4565 SOUTH ATLANTIC AVE Address: 145 CANDLE LIGHT DRIVE
#5406 GLASTONBURY, CT 06033
PONCE INLET, FL 32127

Name and Title: MICHAEL E. GARGAS, DIRECTOR Name and Title: _____
Address: 4565 SOUTH ATLANTIC AVE Address: _____
#5406 _____
PONCE INLET, FL 32127

Name and Title: FRANCIS M. MULROY, CPA, DIRECTOR Name and Title: _____
Address: 4A EVES DRIVE Address: _____
MARLTON, NJ 08053

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MICHAEL E. GARGAS
Address: 4565 SOUTH ATLANTIC AVE
#5406
PONCE INLET, FL 32127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL E. GARGAS
Address: 4565 SOUTH ATLANTIC AVE
#5406
PONCE INLET, FL 32127

ARTICLE VIII DISSOLUTION

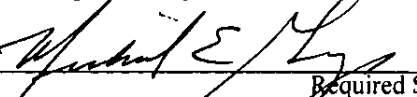
SEE ATTACHMENT I

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

12-7-12
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

12-7-12
Date

ATTACHMENT 1

ARTICLE VIII DISSOLUTION

UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PRUPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE.

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TALLAHASSEE, FLORIDA