

N15000005108

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15 MAY 20 PM 2:13  
STATE  
FLORIDA

MD 5/21

# COVER LETTER

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

**SUBJECT:** Folds of Honor - North Florida 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:** Scott R. Morris  
Name (Printed or typed)

501 South Sweetwater Cove Blvd

Address

Longwood, FL 32779

City, State & Zip

407-473-7911

Daytime Telephone number

scottm@foldsofhonor.org

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 Folds of Honor - North Florida Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

501 South Sweetwater Cove Blvd.  
Longwood, FL 32779

PO Box 917246  
Longwood, FL 32791

15 MAY 20 11 11 AM  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 05-15-20 BY 60322/UC/STP/MLA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Folds of Honor seeks to provide annual scholarships to the military families of those who  
have been killed or disabled while in active duty. These help support private education  
tuition, tutoring and educational summer camps for children K-12, as well as higher  
education tuition assistance for spouses and children.

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

Appointed and approved by Folds of Honor Headquarters

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

Name and Title: Scott R. Morris Name and Title: \_\_\_\_\_

Address 501 South Sweetwater Cv Blvd Address: \_\_\_\_\_  
Longwood, FL 32779

Name and Title: Jeff Babineau Name and Title: \_\_\_\_\_

Address 3989 Carnaby Drive Address: \_\_\_\_\_  
Oviedo, FL 32765

Name and Title: Rex Hoggard Name and Title: \_\_\_\_\_

Address 810 Riverbend Blvd Address: \_\_\_\_\_  
Longwood, FL 32779

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: Scott R. Morris

Address: 501 South Sweetwater Cove Blvd

Longwood, FL 32779

15 MAY 20 PM 2:13  
STATE  
ATTORNEY  
FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Scott R. Morris

Address: 501 South Sweetwater Cove Blvd

Longwood, FL 32779

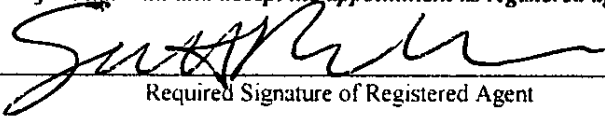
**ARTICLE VIII EFFECTIVE DATE:**

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

05-06-15

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

05-06-15

Date