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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

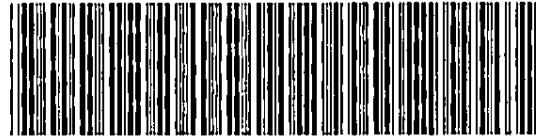
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19 OCT 31 AM 9:59

COVER LETTER

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

19 OCT 31 11 59

SUBJECT: PTSD Awareness Summit, 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: Keith Campbell

Name (Printed or typed)

2722 SW 3rd Ave

Address

Cape Coral, FL 33914

City, State & Zip

239-699-6732

Daytime Telephone number

Keith@PTSDAwarenessSummit.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: PTSD Awareness Summit, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2722 SW 3rd Ave
Cape Coral, FL 33914

Mailing address, if different is:
2722 SW 3rd Ave
Cape Coral, FL 33914

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To bring awareness and resources to our community, veterans and their families, to understand and cope with PTSD and prevent suicides.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joan Colosimo, President
Address: 2722 SW 3rd Ave
Cape Coral, FL 33914

Name and Title: Wendy Hayes, Vice President
Address: 2722 SW 3rd Ave
Cape Coral, FL 33914

Name and Title: Keith Campbell, Special Council
Address: 2722 SW 3rd Ave
Cape Coral, FL 33914

Name and Title: Daniel Rakijasic, Treasurer
Address: 2722 SW 3rd Ave
Cape Coral, FL 33914

Name and Title: Angel Vazquez JR, Veteran Advocate
Address: 2722 SW 3rd Ave
Cape Coral, FL 33914

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

571.222
19 OCT 31 11 53

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: Keith Campbell
Address: 2722 SW 3rd Ave
Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

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

Name: Keith Campbell
Address: 2722 SW 3rd Ave
Cape Coral, FL 33914

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.)

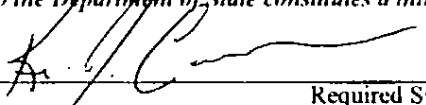
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

10-1-19
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

10-1-19
Date