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J DENNIS  
JAN 26 2021

## COVER LETTER

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

**SUBJECT:** Rehabilitating & Assisting Americans & Veterans Everyday, LLC

**(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: Eddie Holly  
\_\_\_\_\_  
Name (Printed or typed)

3417 N. 55th St  
\_\_\_\_\_  
Address

Tampa Florida 33619  
\_\_\_\_\_  
City, State & Zip

8133810265  
\_\_\_\_\_  
Daytime Telephone number

hollyboy50@gmail.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: Rehabilitating & Assisting Americans & Veterans Everyday, LLC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3417 N. 55th Street \_\_\_\_\_

Tampa, Florida 33619  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose of this organization is to assist individuals successfully  
\_\_\_\_\_

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: as stated in by-laws

\_\_\_\_\_

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

Name and Title: Eddie Holly, Sr - Chairman

Address 3417 N. 55th Street

Tampa, FL 33619

Name and Title: Laquavia Hall - Secretary/Treasurer

Address 11309 Spring Ct. Apt D

Tampa, FL 33612

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Julia Pauls - Vice Chair

Title: 6345 Grand Blvd

Address: Suite E

New Port Richey, FL 34652

Name and \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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: Eddie Holly JR.

Address: 3417 N. 55th Street

Tampa, Florida 33619

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eddie Holly JR.

Address: 3417 N 55th Street

Tampa, Florida 33619

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/29/2020 (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*

Eddie L Holly JR.

Required Signature of Registered Agent

12/29/2020

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.*

Eddie L Holly JR.

Required Signature of Incorporator

12/29/2020

Date