

N05000010504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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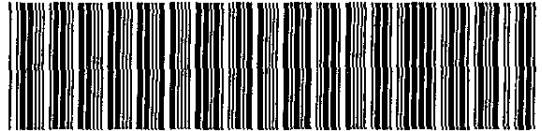
(Business Entity Name)

(Document Number)

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

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2005 OCT 11 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: Aftermath 911 Disaster Center, 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: James Lyons Jr.  
Name (Printed or typed)

5154 Millenia Blvd. Suite 202  
Address

Orlando, FL 32839  
City, State & Zip

407-209-9068  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

Aftermath 911 Disaster Center, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

5154 Millenia Blvd. Suite 202  
Orlando, FL 32839

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501 (c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

At each annual meeting of directors they shall elect directors to hold office until the next annual meeting.

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

List name(s), address(es) and specific title(s):

President

James Lyons Jr  
5154 Millenia Blvd. Ste. 202  
Orlando, FL 32839

Treasurer

Katina Hoffman  
345 Lane Ave.  
Holland, MI 49423

Secretary

Tiron Brown  
427 Rumsey St.  
Grand Rapids, MI 49503

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

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

James Lyons, Jr.  
5154 Millenia Blvd. Ste. 202  
Orlando, FL 32839

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

James Lyons, Jr.  
5154 Millenia Blvd. Ste. 202  
Orlando, FL 32839

\*\*\*\*\*

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.

Signature/Registered Agent

Date

10-4-05

Signature/Incorporator

Date

10-4-05