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00 JAN - 7 PM 3: 03

TRANSMITTAL LETTER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-01/07/00--01084--016
*****78.75 *****78.75

SUBJECT: Disabled Veterans Foundation Incorporated
(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: Crystal Luciani
Name (Printed or typed)

3935 NE 47th St
Address

Ocala, FL 34479
City, State & Zip

(352) 690-1989
Daytime Telephone number

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

PH 1/13/2000

ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Disabled Veterans Foundation Incorporated

ARTICLE II PRINCIPAL OFFICE

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

3935 NE 47th St
Ocala, FL 34479

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

Funding for programs involving Disabled Veterans + their families
Funding to help Disabled Veterans and their family
in an unexpected crisis
Funding for spouses/dependants of Disabled Veterans
in their time of need.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

Elected at annual meeting

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

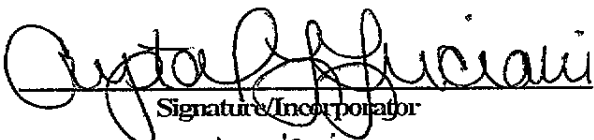
The name and Florida street address of the initial registered agent are:

3935 NE 47th St
Ocala, FL 34479

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

3935 NE 47th St Ocala, FL 34479



Signature/Incorporator


Date

Crystal L. Luciani

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent
Crystal L. Luciani


Date