## TRANSMITTAL LETTER

## N0000006151

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

SUBJECT:	VETER	ANS H		ETERANS	, INC	
		(Proposed corpora	ate name - must include su	iffix)		
			·	000003: -09/05. ****1	Vinn1152ññ∉	-8 6 .50
Enclosed is ar	original and o	ne(1) copy of th	ne articles of incorpor	ration and a check	for:	
	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
FROM	: Voyi	110	Roberts (Printed or typed)  0× 531  Address		FILED  00 OCT    MHII: 38  SECIATIAN OF STATE TALLAHASSI E. FLORID	
	LA	Ke Cit	4 FL	32055	Σ.·· ω	
	407	,-719-	ty, State & Zip  2248 e Telephone number			-
		Dayuma	e i erebiione namoer			

) nutialar

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



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 7, 2000

VOYD LEE ROBERTS RT 16 BOX 531 LAKE CITY, FL 32055

SUBJECT: VETERANS HELPING VETERANS, INC

Ref. Number: W00000021983

We have received your document for VETERANS HELPING VETERANS, INC and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Letter Number: 800A00047490

Gina Bullock Document Specialist

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)
ARTICLE I NAME  The name of the corporation shall be:
VETERANS HELPING VETERANS, 1 = 1
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:  233 OCTOBER RD, LANS CHY, FLAST &
VETERANS HELPING VETERANS, INC.  ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  233 OCTOBER RD, LANS CHY, FLA  RR 3, BOX 233, LANS CITY, FLA, 32023  ARTICLE III PURPOSE  The principal place of business and mailing address of this corporation shall be:  233 OCTOBER RD, LANS CHY, FLA, 32023
The purpose for which the corporation is organized is:  JO MAKE CHARITABLE
CONTRIBUTIONS TO U.S. ARMED FORCES VETGRAMS TO COVER COSTS OF DENTAL WORN, EYE GLASSES AND HEARING ALDS AND ANY OTHER LAWFUL BUSINESS.  ARTICLE IV MANNER OF ELECTION
The manner in which the directors are elected or appointed:
UP TO 5 DIRECTORS APPOINTED BY THE BOARD OF
DIRECTORS, DURING DECEMBER OF EACH YEAR.
ARTICLE V INITIAL DIRECTORS/OFFICERS The name and addresses:
VOYD LEE ROBERTS, PRES, RTE 16, BOX 531, LAKECITY FL 320
MARY C. OLSON, V. PRES. 796 CHESTHUT ST. LANE CITYFE 3200
MARC ROBINSON JR SEC. RR3 BOX 233 LANE CITYFL, 32025
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the registered agent is:
MARC ROBINSON IR
233 OCTOBER RD
LAKE CITY, FLORIDA
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: VOYD LEE ROBERTS, RTE 16,
BOX 531, LAKE CITY FL. 32055
**************************************
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
MARC ROBINSON TR,
Ma 62 2 001 5, 2000
Signature/Registered Agent Date
VOYD LEE ROBERTS
Voya de Roberts Oct 5,2000
Signature/Incorporator Date