

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

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 **X** \$87.50

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: RAYMOND A

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

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Í	ARTICLES OF INCORPORATION In Compliance with Chapter 617, F.S., (Not.for Profit)	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
T	ARTICLE I NAME	FILED
	The name of the corporation shall be:  HANDICAPPED VETERANS OF FLORIDA INC.  ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:	OI MAR 19 PM 3: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	6 PLAZA DR. ORMOND FL 32176-4150	£
	ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
	TO APLP MEET THE NEEDS OF FLORIDA VETERANS	+ THEIRFAMILIE
	ARTICLE IV MANNER OF ELECTION  The manner in which the directors are elected or appointed:	, · ·· -
	APPOINTED BY INCORPORATOR	
DIR. DIR. DIR.	THE PROPERTY OF THE PROPERTY O	1 32176
	RAHMOND A SWART 6 PLAZA DR DRMOND F Roymond a Smorts <u>ARTICLE VII INCORPORATOR</u> The <u>name and address</u> of the Incorporator is:	1 32176
	RATMOND A SMART 6 PLAZA DR DRMOND FO	32176
	**************************************	e nlace designated
<del>.</del>	Kaumond U SMOUT  Signature/Incorporator RAMOND A SMART  Date	<u>-01</u>