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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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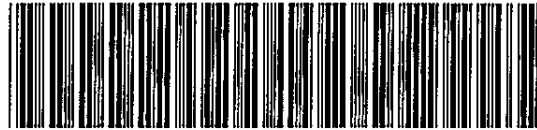
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: American Trust for Historical Heritage, 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: Christopher J Fernandes
Name (Printed or typed)

9763 Poplarwod Ct
Address

Orlando, FL 32825
City, State & Zip

(407) 677-6359
Daytime Telephone number

04 JUL 29 911 1:32
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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:

American Trust for Historical Heritage, Inc

ARTICLE II PRINCIPAL OFFICE

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

9763 Poplarwood Ct
Orlando, FL 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The preservation, restoration, conservation and education of historical structures, architecture, monuments, lands, and art through property easements and covenants, acquisition of historic properties for restoration and re-use, protection of public land, and education of historic restoration and preservation to the general public.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors shall be appointed by the Board of Directors.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Christopher J Fernandes
President/Chief Director
9763 Poplarwood Ct
Orlando, FL 32817

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Matthew P Fernandes
9763 Poplarwood Ct
Orlando, FL 32817

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christopher J Fernandes
9763 Poplarwood Ct
Orlando, FL 32817

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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

Signature/Incorporator

Date