

**N05000004657**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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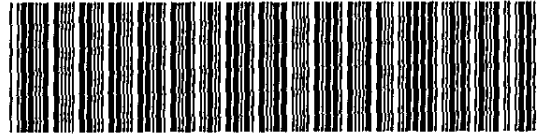
(Business Entity Name)

(Document Number)

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

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05/02/05--01009--011 \*\*78.75

05 MAY -2 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE FL 32304

**FILED**

T. Hampton MAY 05 2005

## TRANSMITTAL LETTER

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

SUBJECT: HELP DISABLED VETERANS CORPORATION  
(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: JOHN A LITWINETZ  
Name (Printed or typed)

105 2ND AVE  
Address

ST PETERS BEACH, FL 33706  
City, State & Zip

727-360-3708  
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)

## ARTICLE I NAME

The name of the corporation shall be:

HELP DISABLED VETERANS CORPORATION

## ARTICLE II PRINCIPAL OFFICE

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

105 2ND AVENUE  
ST PETE BEACH, FL 33706

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SET UP AN ENTITY TO SOLICIT DONATIONS AND GRANTS  
WITH FUNDS TO BE USED TO PROVIDE HOUSING,  
FINANCIAL ASSISTANCE AND SERVICES TO DISABLED VETERANS

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY VOTE THRU APPROVAL OF EXISTING BOARD  
OF DIRECTORS

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

CHAIRMAN/DIRECTOR JOHN A LITWINETZ 105 2ND AVE ST PETE BEACH FL 33706  
FINANCE DIRECTOR CHERYL TURNBULL 6830 BAY ST, ST PETE BEACH, FL 33706  
DIRECTOR CARL LUTZKA 3097 BASELINE RD, GORLES, MI, 49055-832

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOHN A LITWINETZ  
105 2ND AVE  
ST PETE BEACH, FL 33706

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN A LITWINETZ  
105 2ND AVE  
ST PETE BEACH, FL 33706

\*\*\*\*\*

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.

John A Litwinetz  
Signature/Registered Agent

4/28/05  
Date

John A Litwinetz  
Signature/Incorporator

4/28/05  
Date

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2005 MAY -2 PM 3:38

FILED