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SECRETARY OF STATE

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# COVER LETTER

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

CHRIDOT, H.C. Harr	In Disabled Veterana Decayana	lee.		
SUBJECT: U.S. Hero	's Disabled Veterans Program, (PROPOSED CORPORAT	ing. E Name – <u>Must Inclu</u>	DE SUFFIX)	
Enclosed is an original	and one(1) copy of the Articl	es of Incorporation and	a check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate  PPY REQUIRED	
FROM: Peter Weed  Name (Printed or typed)				
	4700 Millenia Blvd Ste 175 Address			
Orlando FL 32839 City, State & Zip				
	321-946-2806			

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

Daytime Telephone number

#### ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be:

U. S. Hero's Disabled Veterans Program, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4700 Millenia Blvd. STE 175 Orlando, FL 32839

#### **ARTICLE III PURPOSE**

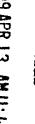
The purpose for which the corporation is organized is:

U.S. Hero's Disabled Veterans Program, is a PUBLIC BENEFIT nonprofit corporation that is organized and, operated exclusively for charitable and educational purposes within the meaning of Section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Specifically, this nonprofit corporation is organized and operated to provide educational, social and economic development supportive services and opportunities to all veterans with a focus on disabled veterans No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth above. No part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal Income Tax under section 501 (c)(3) of the Internal Revenue Code, or corresponding provisions of any future United States Internal Revenue Code.

#### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: As provided for in the Bylaws

SECRETARY OF STATE FALLAHASSEE PLONIDA



### ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Peter Weed, Member 6116 Marlberry Drive Orlando, FL 32819

Randy Hersey Member 402 Virginia St Minneola, FL 34715

Benjamin H. Moore, Treasurer 720 N. Maitland Ave. Ste 105 Maitland, FL 32751

Terry Fay, Member 7512 Dr. Phillips Blvd. Ste 50 Orlando, Fl 32819 Jamie Barkley, Chairman 645 Rob Rey Drive Clermont, FL 34711

Orine Boyd Secretary 3496 McCormick Woods Drive Ocoee, FL 34761

Darryl Groves, Member 1861 Crown Hill Blvd. Orlando, FL 32828

Stephanie Parson, Member 2582 S. Maguire Rd Ste 316 Ocoee, Fl 34761

# ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Howard Walker 5548 Metro West Blvd. STE 311 Orlando, FL 32811

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Peter Weed 4700 Millenia Blvd, STE 175 Orlando, FL 32839

# ARTICLE VIII DISSOLUTION

Upon dissolution of the corporation, its assets remaining of all debts and liabilities of this corporation, shall be districted corporation which is organized and operated exclusively which has established its tax exempt status under section	ributed to a nonprofit fund, foundation, or for charitable or educational purposes and
***********	***********
Having been named as registered agent to accept service of proc designated in this certificate, I am familiar with and accept the a in this capacity.	
Signature/Registered Agent	3/19/09 Date
Octo	3-19-09
Signature/Incorporator	Date

SECRETARY OF STATE

