M11000001116

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2011 FEB -1 PN 4:4

Little ST Street &

COVER LETTER

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

SUBJECT: Operation D-Day Incorporation						
	(PROPOSED CORPORAT) and one (1) copy of the Artic	E NAME – <u>MUST INCLU</u>				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate OPY REQUIRED			
FROM:	Victor Loria		_			
	Name (Printed or typed) 2499 Glades Rd. STE 209 Address					
	Name (Printed or typed) 2499 Glades Rd. STE 209 Address Boca Raton, FL 33431 City, State & Zip					
	561-779-4042 2499 Gla (Resyritmes) Tel	ento ne number	_			

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

www.operationdday@hotmail.com
E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 19, 2011

VICTOR LORIA 2499 GLADES RD STE 209 BOCA RATON, FL 33431

SUBJECT: OPERTION D-DAY INCORPORATION

Ref. Number: W11000003395

We have received your document for OPERTION D-DAY INCORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected 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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 911A00001575

ARTICLES OF INCORPORATION

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

ARTICLE I	NAME	Ë	OPERATION	D-DAY INC
he name of the co	orporation shall be:	10		
RTICLE II	PRINCIPAL OFFICE			
K11CDD 11	Principal street address		Mailing addres	ss, if different is:
	2499 Glades Rd. STE 209	<u></u>	6615 W Boynton Beach	
	Boca Raton, FL 33431	_	Boynton Beach, FL 3343	37
		_		
RTICLE III	PURPOSE			
	which the corporation is organized is:			201 201
o amass an	army of Cosmetic and Plastic Surge	ons to help o	ur wounded warrior	S 168-1
RTICLE IV	MANNER OF ELECTION The manner in	which the directo	ors are elected and appointe	
ote	THE STATE OF THE S	n n a		e e e e
Name and T			le:	→ <u>-</u>
Address:		Name and The Address:		
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Address:		Address.		<u> </u>
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	îtle:	Name and Tit		
Address:		Address:		
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		_		
RTICLE VI	REGISTERED AGENT	6.1	. •	
	orida street address (P.O. Box NOT acceptable) or Victor Loria	of the registered ag	gent is:	
Name: Address:	2499 Glades Rd. Ste 209			
Addiess.	Boca Raton, FL 33431			
		_		
	T170000001700			
RTICLE VII	INCORPORATOR			
ne <u>name and ad</u> Name:	dress of the Incorporator is: Victor Loria			
Address:	2499 Glades Rd. Ste 209	_		
	Boca Raton, FL 33431			
	N. J. Company of Street	san Con the about	atatad samanatian at th	a nlaga decimated in this
	ned as registered agent to accept service of proc miliar with and accept the appointment as registe			e place aesignatea in this
ragicule, I was je				
			1-13-11	
	Required Signature of Registered Agent			Date
submit this docu	iment and affirm that the facts stated herein are	true. I am aware	that any false information	submitted in a document
the Department	t of State constitutes a third degree felony as provi	ided for in s.817.1	55, F.S.	
			4 40 44	
	/#	 	<u>1-13-11</u>	Doto
	Required Signature of Incorporator	Γ		Date