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Office Use Only



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SECRETARY OF STATE
SIVISION OF CORPORATIONS

11 ADD - S PM 1: 57

W11-16772

BM 4/5/11

## **COVER LETTER**

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

SUBJECT: VETERANS WITHOUT BOARDERS, 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 C	OPY REQUIRED
FROM	JOHN B. GORDON	N	_
	820 N MAIN STR		_
		ddress	

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

820 N MARYSTRE Eglephone number

ADMIN@VETERANSWITHOUTBOARDERS.COM
E-mail address: (to be used for future annual report notification)

City, State & Zip

352-529-1020



March 24, 2011

JOHN B GORDON 820 N MAIN STREET WILLISTON, FL 32695

SUBJECT: VETERANS WITHOUT BOARDERS, INC.

Ref. Number: W11000016772

We have received your document for VETERANS WITHOUT BOARDERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6931.

Letter Number: 911A00007193

Becky McKnight
Regulatory Specialist II Supervisor
New Filing Section

www.sunbiz.org

## ARTICLES OF INCORPORATION

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

ARTICLE I The name of the co	NAME VETERANS WITHOU orporation shall be:	IT BOARDERS	S, INC	
ARTICLE II				
	Principal street address		Mailing address, if different is:	
	820 N MAIN STREET	-		
	SUITE K WILLISTON, FLORIDA 32696	<del></del> -	11 11 11 11 11 11 11 11 11 11 11 11 11	
	WILLISTON, FLORIDA 32696			
ARTICLE III	PURPOSE			
The purpose for v	which the corporation is organized is:			
TO PROVIDI	E AIDS AND SUPPORT FOR AMER	ICAN VETERA	ANS	
	E AIDS AND SUPPORT FOR VETEI			
	E AIDS SUPPORT TO VETERANS S			
ARTICLE IV	MANNER OF ELECTION The manner i	n which the director	e are elected and annointed	
· · · · · · · · · · · · · · · · · · ·			• •	
	·		ppointment according to the articles of in	corpo
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT		DOMAID T OUT DIDECTOR	
	itle: JOHN B. GORDON, C.E.O.		:KUNALD 1. GILL, DIRECTOR	
Address:	12498 CR 318 WILLISTON, FLORIDA 32696	Address:	21101 SW 240 STREET HOMESTEAD, FLORIDA 33031	
	VILLIGION, I LONIDA 32090		HOWESTEAD, FLORIDA 33031	
	Title: RUSSELL R. FERRIS, PRESIDENT	Name and Title	:	
Address:	820 N MAIN STREET	Address:		
	SUITE J	<del></del>		
	WILLISTON, FLORIDA 32696	<u>—</u>		
Name and T	Title: AMERICA GORDON, S/T	Name and Title		
Address:	12498 COUNTY ROAD 318	Address:		
	WILLISTON, FLORIDA 32696	<u> </u>		
	***************************************	<del></del>		
ARTICLE VI	REGISTERED AGENT		<u>~</u>	
The <u>name and Flo</u> Name:	orida street address (P.O. Box NOT acceptable) AMERICA GORDON	of the registered age		<u>Σ</u>
Address:	820 N MAIN STREET		APR	
Address.	SUITE K	-	20 Z	<u> </u>
	WILLISTON, FLORIDA 32696	<del></del>	<b>5</b> 📆	<u>}</u>
		<del></del>	<u></u>	₹ <u>[-</u>
ARTICLE VII	INCORPORATOR		CORPORATI	묶다
	dress of the Incorporator is:		·	.A !
Name: Address:	JOHN B. GORDON 820 N MAIN STREET		S P	<b>&gt;</b>
Address.	SUITE K			Α,
	WILLISTON, FLORIDA 32696	<del></del>	A)	
			stated corporation at the place designated in this	
certificate, I am fo	apilliar with and accept the appointment as regist	ered agent and agre	e to act in this capacity	
*5	Banan Comment		2-1	
	merica Gordon		<u>-575-77</u>	
	Pequ		Date	
I submit this docu	ment and affirm that the facts stated herein are	true. I am aware th	nat any false information submitted in a document	
to the Departmen	State consti. Lird degree felony as prov	ided for in s.817.15.	5, F.S.	
•	Tomas	<b>J</b>	•	
	The second second		03-15-2011	
	Required Signature of Incorporato		Date	