

N11000004739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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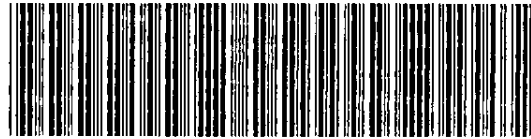
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 MAY 11 AM 11:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

h 05/13/11

COVER LETTER

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

SUBJECT: Veterans Workforce of West Pasco County, 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: Veterans Workforce of West Pasco County, Inc.
Name (Printed or typed)

4538 Iris Dr.
Address

New Port Richey, Fl 34652
City, State & Zip

727 849-9800
Daytime Telephone number

steps.npr@verizon.net
E-mail address: (to be used for future annual report notification)

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:

Veterans Workforce of West Pasco County, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4538 Iris Dr.
New Port Richey, Fl 34652

EFFECTIVE DATE
5/5/2011

Mailing address, if different is:
PO Box 1117
Elfers, Fl 34680-1117

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide job opportunities for veterans.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors are appointed by the president.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marilyn Matyus President / DIRECTOR
Address: 4538 Iris Dr.
New Port Richey, Fl 34652

Name and Title: _____
Address: _____

Name and Title: Matthew Kaizer
Address: 4538 Iris Dr.
New Port Richey, Fl 34652

Name and Title: _____
Address: _____

Name and Title: Joseph Kaizer
Address: 4538 Iris Dr.
New Port Richey, Fl 34652

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Marilyn Matyus
Address: 4538 Iris Dr.
New Port Richey, Fl 34652

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marilyn Matyus
Address: 4538 Iris Dr.
New Port Richey, Fl 34652

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Marilyn Matyus
Required Signature of Registered Agent

5-5-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Marilyn Matyus
Required Signature of Incorporator

5-5-11

Date

VIII Effective Date 5/5/11