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(Requestor's Name)			
(Address)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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2011 DEC 19 PN 4: 44
SECRETARY OF STATE

f. Burch DEC 2 0 2011

COVER LETTER

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

SUBJECT: DAVIE	POLICE MEMO	ORIALFOUN ENAME-MUSTINCLI	DATION, INC.	
Enclosed is an original ar	nd one (1) copy of the Artic	les of Incorporation and	d 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: TIMOTHY FITZGERALD Name (Printed or typed) 1230 S. NOBHILL ROAD Address				
DAVIE, FLORIDA 33324-420/ City, State & Zip				
954-693-8200 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)

The name of the co	NAME DAVIE POLI	ICE MEMORIAL FOUNDATION, I
ARTICLE II	PRINCIPAL OFFICE	
	Principal street address 12-30 S. NOBHILL ROAD	Mailing address, if different is:
	DAVIE, RORIOA	
	33324-4201	
RTICLE III	PURPOSE	
ne purpose for w	hich the corporation is organized is:	
· /	たたりチン	MILIES INJURED OR SLAIN IN THE
UNDING	FOR EQUIPMENT TO PRO	TECT POLICE OFFICERS
RTICLE IV	MANNER OF ELECTION The manner in	which the directors are elected and appointed:
LECTED	AT ANNUAL MEETIN	G
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ORS A STATE OF THE
Name and T	itle: EDWARD J. CUNED, PRESIDENT	Name and Title: ANGELA RODGERS TREASURED
Address:	1230 S. NOB HILL ROAD	Address: 1230 S-NOB HILL 12040
	DAVIE, FL 33324	- VAVIE, PL 37527
Name and T	ide BENTAMIN DIAZIVICE PRES	Name and Title:
Address:	1230 S. NOB HILL ROAD	Address:
	DAVIE, FL 33324	
	itle: YENSY THOMAS, SECRETAR,	
Address:	1230 S. NOB HILL ROAD	
Addiess.	DAVIE, FL 33324	Auditoss.
RTICLE VI	REGISTERED AGENT	全
ie <u>name and Flo</u>	rida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	TIMOTHY FITZGERALD	- Since of the control of the contro
Address:	1230 15. NOB HULLD DANE FL 33324	- ¹
	PANE FL 33324	- Log 1 €:
RTICLE VII	<u>INCORPORATOR</u>	₹ m
	iress of the Incorporator is:	<0
Name:	DANIEL J.STALLONE, E 1230 S. NOB HILL ROAD DAVIE, FL 33324	<u> </u>
Address:	DAI/IF FL 33324	_
		
avina haan nam	ed as registered agent to account service of proc	ess for the above stated corporation at the place designated in th
	miliar with and accept the appointment as registe	
ILA	444	
[17]	n Tilly	
11	Required Signature of Registered Agent	/ Dale
	ment and affirm that the facts stated herein are t of State constitutes a third degree felony as provi	true. I am aware that any false information submitted in a docume ded for in s.817.155, F.S.
1an	Required Signature of Incorporator	12-09-11 Date
DANTA	Kequired Signature of Incorporator	Date