

N/12000002334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

88  
3/2/12

## COVER LETTER

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

SUBJECT: Be A Hero To Our Heroes, 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: Kenny Manning

Name (Printed or typed)

8406 Gabby Lane

Address

Tallahassee, FL 32305

City, State & Zip

(850) 545-5982

920 Springdale Parkway  
Tallahassee, Florida 32305  
Telephone number

kmann5\_2008@yahoo.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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: **Be A Hero To Our Heroes, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
920 Spring Creek Highway  
Crawfordville, FL 32327

Mailing address, if different is:  
Same as Principal Address

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To conduct any charitable business that is lawful in the state of Florida

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

Directors will be appointed. - *By Laws*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Glenda Washington, Director  
Address: 920 Spring Creek Highway  
Crawfordville, FL 32327

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Robert Manning, Director  
Address: 8406 Gabby Lane  
Tallahassee, FL 32305

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Kenny Manning, Director  
Address: 8406 Gabby Lane  
Tallahassee, FL 32305

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

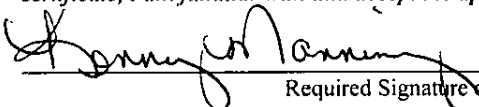
Name: Kenny Manning  
Address: 8406 Gabby Lane  
Tallahassee, FL 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

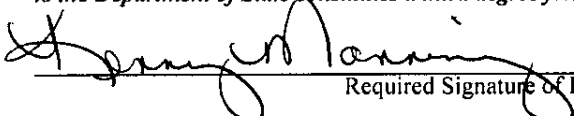
Name: Kenny Manning  
Address: 8406 Gabby Lane  
Tallahassee, FL 32305

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

  
\_\_\_\_\_  
Required Signature of Registered Agent

03/02/12  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Required Signature of Incorporator

03/02/12  
\_\_\_\_\_  
Date

**FILED**  
**12 MAR -2 PM 3:29**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**