

N12000007580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers AUG 06 2012

## COVER LETTER

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

SUBJECT: Help Wounded Vets Corp.

(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: AL FEUER

Name (Printed or typed)

1181 NW 8 ST RD APT 15

Address

MIAMI FL 33136

City, State & Zip

305-307-1287

1181 NW 8 ST RD APT 15  
Tallahassee, FL 32314  
Telephone Number

alf666pink@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: Help Wounded Vets Corp.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address  
1181 NW 8 STREET RD APT 15  
MIAMI FL 33136

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

The mission of the corporation shall be to raise funds through sales of fundraising products and provide direct assistance to wounded female U.S. veterans.

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

Officers and/or directors shall be appointed by the corporation president.

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

Name and Title: AL FEUER, PRESIDENT  
Address: 1181 NW 8 STREET RD APT 15  
MIAMI FL 33136

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

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

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

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: AL FEUER, PRESIDENT  
Address: 1181 NW 8 STREET RD APT 15  
MIAMI FL 33136

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TALLAHASSEE, FLORIDA

**ARTICLE VII    INCORPORATOR**

The name and address of the incorporator is:

Name: AL FEUER  
Address: 1181 NW 8 STREET RD APT 15  
MIAMI FL 33136

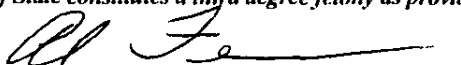
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

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

August 1, 2012

\_\_\_\_\_  
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

August 1, 2012

\_\_\_\_\_  
Date