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## **COVER LETTER**

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

SUBJECT: The Veterans Miracle Fund Inc				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )				
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 CO	OPY REQUIRED	
FROM:	Kevin Kopin Name (Prin	nted or typed)	_	
2617 Juarez Ave				
Address				
St Augustine Florida 32086 City, State & Zip				
(904) 377-1343				
Daytime Telephone number				
TheVeteransMiracleFund@Gmail.com				

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

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit) FILED SECRETARY OF STATE DIVISION OF CORPORATIONS ARTICLE I NAME The Veterans Miracle Fund Inc. The name of the corporation shall be: 12 AUG - 3 AMII: 32 Mailing address, if different is: ARTICLE II PRINCIPAL OFFICE Principal street address 2617 Juarez Ave St Augustine Florida 32086 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: ARTICLE IV **MANNER OF ELECTION** The manner in which the directors are elected and appointed: As provided for in the bylaws ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Daron Kopin Vice President Name and Title: Kevin Kopin President 2617 Juarez Ave 2617 Juarez Ave Address: Address: St Augustine Florida 32086 St Augustine Florida 32086 Name and Title: Name and Title Address: Address: Name and Title: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Kevin Kopin Address: 2617 Juarez Ave St Augustine Florida 32086 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Kevin Kopin Name: Address: 2617 Juarez Ave St Augustine Florida 32086

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

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

30 July 2012

30 July 2012