

NI2000007714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

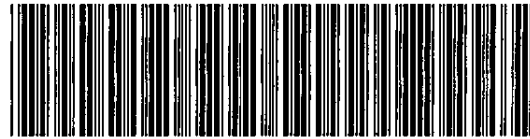
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 AUG -8 PM 4:45
SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

8 AUG 12

COVER LETTER

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

SUBJECT: "NO ONE LEFT BEHIND FOUNDATION"
(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: JAMES R. CRAWFORD
Name (Printed or typed)

5382 BIRCH BEND LOOP
Address

OMIEDO, FL 32765
City, State & Zip

772-473-1939
Daytime Telephone number

JIM@SUNALINC.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 AUG -8 AM 11:19

DIVISION OF CORPORATIONS

July 30, 2012

JAMES R. CRAWFORD
5382 BIRCH BEND LOOP
OVIEDO, FL 32765

SUBJECT: NO ONE LEFT BEHIND FOUNDATION
Ref. Number: W12000039909

We have received your document for NO ONE LEFT BEHIND FOUNDATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 412A00019866

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: **NO ONE LEFT BEHIND FOUNDATION CORPORATION**

ARTICLE II PRINCIPAL OFFICE

Principal street address
**5382 BIRCH BEND LOOP
OULDED, FL 32765**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **"THE MISSION OF NO ONE LEFT BEHIND FOUNDATION IS TO HONOR U.S. MILITARY VETERANS WHO HAVE FALLEN IN COMBAT AND TO LEND SUPPORT TO VETERANS OR ACTIVE DUTY MILITARY WHO HAVE BEEN WOUNDED IN COMBAT OR COMBAT TRAINING. NO ONE LEFT BEHIND WILL PROVIDE RECREATIONAL**

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

VOLUNTEERS APPOINTED BY FOUNDER

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MARK D. ROBINSON DIRECTOR**
Address: **25152 FIREFLY AVE
WYOMING, MN 55092**

Name and Title: **NOAH M GALLOWAY DIRECTOR**
Address: **121 STAR VIEW CIRCLE
ALABASTER, AL 35007**

Name and Title: **JEREMIAH W WORKMAN DIRECTOR**
Address: **7803 WINDHURST CT
SPOTSVYLVANIA, VA 22553**

Name and Title: _____
Address: _____

Name and Title: **ALAN A. ASHLOCK DIRECTOR**
Address: **2721 LK PICKETT PL
OWULUGTA, FL 32766**

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

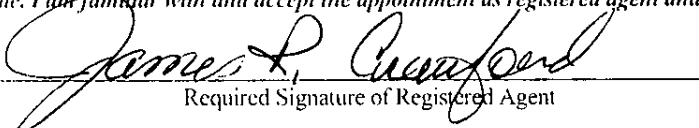
Name: **JAMES R. CRAWFORD**
Address: **5382 BIRCH BEND LOOP
OULDED, FL 32765**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

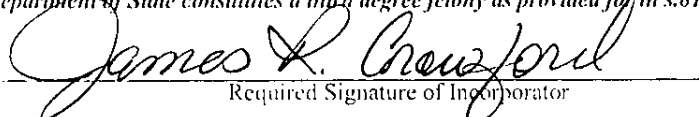
Name: **JAMES R. CRAWFORD**
Address: **5382 BIRCH BEND LOOP
OULDED, FL 32765**

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

JULY 23, 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

JULY 23, 2012
Date

FILED
12 AUG -8 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXPERIENCES FOR VETERANS AND ACTIVE
DUTY MILITARY, AND WILL PROVIDE FUNDING
TO OTHER NON-PROFIT ORGANIZATIONS WHO
SHARE OUR MISSION AND VALUES"

"NO ONE LEFT BEHIND" HELPING TO HEAL THE
VISIBLE AND INVISIBLE SCARS OF COMBAT

FILED

12 AUG -8 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA