

N120000008356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

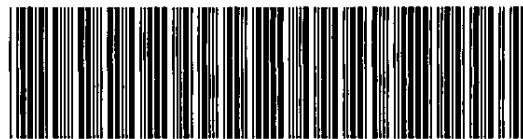
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500238773225

08/29/12--01006--016 **87.50

08/29/12 PM 12:06

8/30
JH

COVER LETTER

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

SUBJECT: 1 DISABLEDVET, 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: STEPHEN GULEFF

Name (Printed or typed)

455 NE 5TH AVENUE STE 199

Address

DELRAY BEACH, FL 33483

City, State & Zip

561-702-8607

455 NE 5TH AVENUE Telephone number

1DISABLEDVETFL@GMAIL.COM

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

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 1 DISABLEDVET, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
455 NE 5TH AVENUE STE 199
DELRAY BEACH, FL 33483

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONSULT AND PROVIDE AWARENESS OF SERVICES AVAILABLE TO VERETERANS

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

BY ELECTION AT ANNUAL MEETING

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEPHEN GULEFF
Address: 455 NE 5TH AVENUE STE 199
DELRAY BEACH, FL 33483

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: STEPHEN GULEFF
Address: 455 NE 5TH AVENUE STE 199
DELRAY BEACH, FL 33483

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEPHEN GULEFF
Address: 455 NE 5TH AVENUE STE 199
DELRAY BEACH, FL 33483

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

8-27-12

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

8-27-12

Date

12 AUG 29 PM 12:06