

N12000011493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

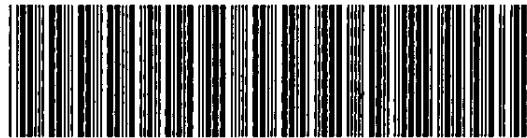
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000242300130

12/10/12--01034--011 \*\*87.50

FILED  
12 DEC 10 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/11/2012

## COVER LETTER

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

**SUBJECT: AMERICAN DREAM BRIGADE, 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: MICHAEL E. GARGAS  
Name (Printed or typed)

4565 SOUTH ATLANTIC AVE. #5406  
Address

PONCE INLET, FLORIDA 32127  
City, State & Zip

609-413-2583 (CELL)  
Daytime Telephone number

MGARGAS@MMI-PRODUCTS.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

The name of the corporation shall be: AMERICAN DREAM BRIGADE, INC.

### ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
405 TIMAQUAN TRAIL #1  
EDGEWATER, FL 32132

mailing address, if different is:  
P O BOX 160  
EDGEWATER, FL 32132-0160

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide opportunities and relief to US Military Veterans via job placement, retraining skills for non-military work force and other economic opportunities.

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

Initial Directors shall be appointed by the incorporator. Future Directors by annual meeting of the board.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DONNA K. GARGAS, CEO & PRES.

Address: 4565 SOUTH ATLANTIC AVE  
#5406  
PONCE INLET, FL 32127

Name and Title: PETER M. FERRIS, MBA, DIRECTOR

Address: 145 CANDLE LIGHT DRIVE  
GLASTONBURY, CT 06033

Name and Title: MICHAEL E. GARGAS, DIRECTOR

Address: 4565 SOUTH ATLANTIC AVE  
#5406  
PONCE INLET, FL 32127

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

Address: \_\_\_\_\_

Name and Title: FRANCIS M. MULROY, CPA, DIRECTOR

Address: 4A EVES DRIVE  
MARLTON, NJ 08053

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

Address: \_\_\_\_\_

FILED  
12 DEC 10 PM 3:05  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

### ARTICLE VI REGISTERED AGENT

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

Name: MICHAEL E. GARGAS

Address: 4565 SOUTH ATLANTIC AVE  
#5406  
PONCE INLET, FL 32127

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

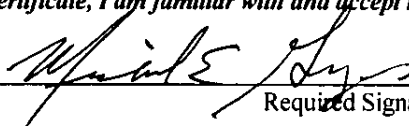
Name: MICHAEL E. GARGAS

Address: 4565 SOUTH ATLANTIC AVE  
#5406  
PONCE INLET, FL 32127

### ARTICLE VIII DISSOLUTION

SEE ATTACHMENT I

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

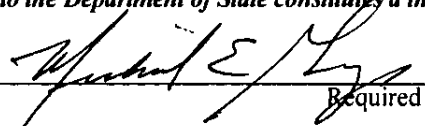


Required Signature of Registered Agent

12-7-12

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

12-7-12

Date

ATTACHMENT 1

ARTICLE VIII DISSOLUTION

**UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PRUPOSES WITHIN THE MEANING OF SECTION 501( C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE.**

FILED

12 DEC 10 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA