

N13000001071

(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



800241950858

01/16/13--01008--006 \*\*70.00

MRB  
2/4/13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN 31 PM 12:45

FILED

## COVER LETTER

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

SUBJECT: The Branches, 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: The Branches, Inc.

Name (Printed or typed)

151 Mary Esther Blvd # 301

Address

Mary Esther, FL 32569

City, State & Zip

850-244-8395

Daytime Telephone number

trisalvato@cricpa.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

January 17, 2013

THE BRANCHES, INC.  
151 MARY ESTHER BLVD.  
#301  
MARY ESTHER, FL 32569

SUBJECT: THE BRANCHES, INC.  
Ref. Number: W13000003494

We have received your document for THE BRANCHES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 113A00001382

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

**ARTICLE I NAME**

The name of the corporation shall be: The Branches

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

78 Beal Parkway

Ft. Walton Beach, FL 32548

Mailing address, if different is:

151 Mary Esther Blvd. # 301

Mary Esther, FL 32569

FILED  
13 JAN 31 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Assist homeless men providing food, shelter and ministry

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
appointed by founding members

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

Name and Title: Don McDaniel

Address: 78 Beal Pkwy  
Ft Walton Beach, FL 32548

Name and Title: William Todd

Address: 228 NW Crewilla Dr.  
Ft Walton Beach, FL 32548

Name and Title: Thomas Risalvato

Address: 151 Mary Esther Blvd. # 301  
Mary Esther, FL 32569

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

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

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

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

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

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

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

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

Address \_\_\_\_\_

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

**FILED**

**13 JAN 31 PM 12:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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:

Thomas Risalvato

Address:

151 Mary Esther Blvd. # 301

Mary Esther, FL 32569

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Thomas Risalvato

Address:

151 Mary Esther Blvd. # 301

Mary Esther, FL 32569

*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*

Thomas J. Risalvato

Required Signature of Registered Agent

01/11/2013

Date

1/28/13

*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.*

Thomas J. Risalvato

Required Signature of Incorporator

1-11-13

Date

1/28/13