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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

001930.181055

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA VETERANS COOPERATIVE FUND, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Florida Veterans Cooperative Fund, 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: David Ramba
Name (Printed or typed)
120 South Monroe Street
Address
Tallahassee, FL 32301
City, State & Zip
850-443-4444
Daytime Telephone number
david@rambaconsulting.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Florida Veterans Cooperative Fund, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

120 South Monroe Street, Talla., FL 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose is to establish a charitable organization to collect and disperse funds to veterans and returning serviceman and women in need.

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

A nomination committee made up of the original incorporator will nominate for election a Board when operations commence.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David E. Ramon, Chairman, Secretary & Treasurer

Address: 4670 Grove Park Dr.
Tallahassee, FL 32311

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: David E. Ramba
Address: 120 South Monroe Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: David E. Ramba
Address: 120 South Monroe Street
Tallahassee, FL 32301

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

David E. Ramba
Required Signature of Registered Agent

2/14/13
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.

David E. Ramba
Required Signature of Incorporator

2/14/13
Date

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