

N14000000817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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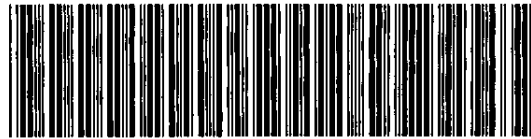
(Business Entity Name)

(Document Number)

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14 JAN 21 PM 4:47

1/28/14

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

ARTICLE I NAME

The name of the corporation shall be: VETERAN SERVICES, INC.

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ARTICLE II PRINCIPAL OFFICE

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Principal street address:

Mailing address, if different is:

260 WEST KING STREET
ST. AUGUSTINE, FLORIDA
32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OFFER TRANSITIONAL SERVICES FOR VETERANS,
SERVICE MEMBERS, AND THEIR SPOUSES AND CHILDREN;
WHICH INCLUDES BUT NOT LIMITED TO: HOUSING,
TRANSPORTATION, AND JOB REFERRAL.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: ARE SET
IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

(PRESIDENT)		(TREASURER AND BOD)	
Name and Title:	<u>VANESSA MORGAN</u>	Name and Title:	<u>GLENN E. DOMEN</u>
Address:	<u>260 WEST KING ST</u> <u>ST. AUGUSTINE, FL</u> <u>32084</u>	Address:	<u>1764 KESWICK ROAD</u> <u>ST. AUGUSTINE, FL</u> <u>32084</u>
(SECRETARY AND BOD)			
Name and Title:	<u>KENNETH MORGAN</u>	Name and Title:	
Address:	<u>993 W KING ST</u> <u>ST. AUGUSTINE, FL</u> <u>32084</u>	Address:	
(B.O.D.)			
Name and Title:	<u>TYRINA ANDERSON</u>	Name and Title:	
Address:	<u>20432 GLENVISTA LN.</u> <u>CRESTHILL, IL 60403</u> <u>USA</u>	Address:	

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Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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:

VANESSA MORGAN

Address:

260 WEST KING STREET
ST. AUGUSTINE, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

VANESSA MORGAN

Address:

260 WEST KING STREET
ST. AUGUSTINE, FL 32084

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

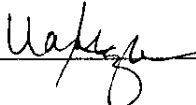


Required Signature of Registered Agent

01/17/2014

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

01 JAN 2014

Date