

N/1400003669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 14 AM 8:50

4-18-14

**H.J. JENZANO AND COMPANY
AUDITORS AND ACCOUNTANTS**

4640 N. Federal Highway
Lighthouse Point, Fl. 33064
Ph: 954-781-8808
Fax: 954-781-0215
E-Mail Hjenzano@comcast.net

April 11, 2014

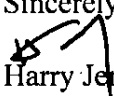
Department of State
New Filing Section
Div of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

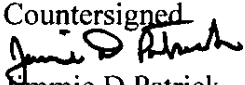
Ref : New Filing American PTSD Warrior Recovery Program Inc.

Dear Representative;

Please be advised that, the newly Incorporated Entity will not revoke the Administrative Dissolution filed September 27th 2013 as American PTSD Warrior Recovery Program Inc., Document # N12000001118

Sincerely


Harry Jenzano
Sr. Accountant

Countersigned

Jimmie D Patrick
President - *Dir.*
American PTSD Warrior Recovery Program Inc

COVER LETTER

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

SUBJECT: American PTSD Warrior Recovery Program 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: Harry Jenzano
Name (Printed or typed)

4640 N Federal Hwy
Address

Lighthouse Point Fl 33064
City, State & Zip

954-781-8808
Daytime Telephone number

Hjenzano@comcast.net
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)

FILED
DIVISION OF STATE
CORPORATIONS
14 APR 14 AM 8:50

ARTICLE I NAME

The name of the corporation shall be: American PTSD Warrior Recovery Program Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4640 N Federal Hwy

Mailing address, if different is:

Lighthouse Point Fl 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Non Profit Organization for the Aid and assistance of veterans of the armed forces & their

Families in the treatment of Post Tramatic Stress Disorder

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

As provided for in By-Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jimmie D Patrick Dir.
Address: 16137 County Rd 1104
Flint tx 75762

Name and Title: Harry Jenzano Treas.
Address: 4640 N Federal Hwy
Lighthouse Point Fl 33064

Name and Title: Janice Patrick Dir.
Address: 16137 County Rd 1104
Flint Tx. 75762

Name and Title: _____
Address: _____

Name and Title: Daniel Waldron Dir.
Address: 2576 Riverdowns
Stow Oh. 44224

Name and Title: _____
Address: _____

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: Harry J. Jenzano

Address: 4640 N Federal Hwy
Lighthouse Point Fl 33064

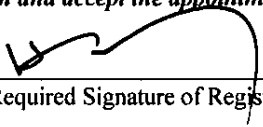
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jimmie D Patrick

Address: 4640 N Federal Hwy
Lighthouse Point Fl 33064

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

4-11-14

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

4-11-14

Date