

N 14000004098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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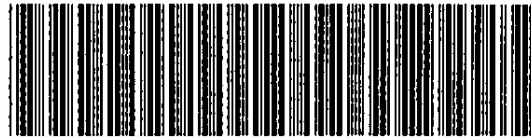
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/29/14

COVER LETTER

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

ATT CAROL MUSTAIN

SUBJECT: HELP OUR VETERANS 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: DOUGLAS G. SNOW
Name (Printed or typed)

6405 EASTSHORE DR
Address

Pensacola FL 32505
City, State & Zip

850 549-3675
Daytime Telephone number

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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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: Help - Our - Veterans INC

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6405 Eastshore DR

Pensacola FL 32505

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help get homeless vets off
the streets - Back on their feet. (Temporary housing & meals)
Etc
Help unemployed vets & families that have fallen upon
hard times with utilities need paid - Rent Etc.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Pursuant
to By-law

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DOUGLAS G. SNOW - President Name and Title: _____

Address: 6405 Eastshore DR Address: _____
Pensacola FL 32505

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: ~~HELP OUR VETERANS~~ DOUGLAS G. SNOW

Address: 6405 EASTSHORE DR
Pensacola, FL 32505

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DOUGLAS G. SNOW

Address: 6405 EASTSHORE DR
Pensacola, FL 32505

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.

Douglas G. Snow
Required Signature of Registered Agent

4-7-14
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.

Douglas G. Snow
Required Signature of Incorporator

4-7-14
Date

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TALLAHASSEE, FLORIDA