

SECRETARY OF STATE  
DIVISION OF CORRESPONDENCE  
14 MAY -5 PM 1:35

## COVER LETTER

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

**SUBJECT: Free The Wounded 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: **Peter Rancel**  
Name (Printed or typed)

**1800 N Bayshore Dr #1504**  
Address

**Miami, FL 33132**  
City, State & Zip

**786-899-8380**  
Daytime Telephone number

**peter@freethewounded.com**  
E-mail address: (to be used for future annual report notification)

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

Affidavit

Please be advised that Free The Wounded LLC will now be Free The Wounded Inc. The LLC was created in error and the correct entity is a non-profit corporation. We intend on keeping the name and we do not wish to abandon.

Regards,

Peter Rancel – 786-899-8380

President

Anthony C Gunnings II – 954-557-4877

Treasurer

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY -5 PM 1:35

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

**ARTICLE I NAME**

The name of the corporation shall be: Free The Wounded Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
901 Ponce de Leon Blvd - Tenth Floor  
Coral Gables, FL 33134

Mailing address, if different is:  
1800 N Bayshore Dr. #1504  
Miami, FL 33132

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Free The Wounded Inc is a non-profit corporation and shall operate exclusively for the purposes within the meaning of section 501(c)(4) of the Internal Revenue Code, State of Florida guidelines, and any corresponding section of any Federal and State tax code. Free The Wounded Inc's purpose, as a Social Welfare Organization, is to educate and improve the community via various media platforms and through the corporation's website to provide facts, statistics, and other related data surrounding "The Florida Right to Medical Marijuana Initiative, Amendment 2". Free The Wounded Inc will educate the community on the facts and will not promote or discredit any political figure.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: As stated in bylaws

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

Name and Title: Peter Rancel - President

Address: 1800 N Bayshore Dr. #1504  
Miami, FL 33132

Name and Title: Anthony C Gunnings II - Treasurer

Address: 454 NE 23rd Street #5  
Miami, FL 33137

Name and Title: Ivette Petkovich - Vice President

Address: 901 Ponce de Leon Blvd  
Coral Gables, FL 33134

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

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

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

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

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY -5 PM 1:35

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: Anthony C Gunnings II

Address: 454 NE 23rd Street #5  
Miami, FL 33137

**ARTICLE VII INCORPORATOR**

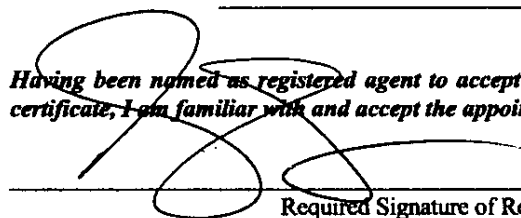
The name and address of the Incorporator is:

Name: Peter Rancel

Address: 1800 N Bayshore Dr. #1504  
Miami, FL 33132

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY -5 PM 1:36

*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

5/1/14  
\_\_\_\_\_  
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

May 14  
\_\_\_\_\_  
Date