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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

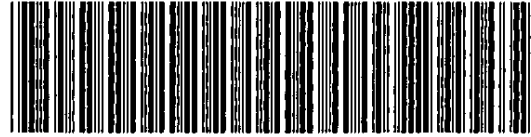
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: WEDDINGS OF HONOR, 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: CRAIG GITTNER
Name (Printed or typed)

5123 S. RIDGEWOOD AVE, STE B
Address

PORT ORANGE, FL 32127
City, State & Zip

386-763-2285
Daytime Telephone number

CRAIGGITTNER@YAHOO.COM
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)

ARTICLE I NAME

The name of the corporation shall be: WEDDINGS OF HONOR, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5123 S RIDGEWOOD AVE

STE B

PORT ORANGE, FL 32127

Mailing address, if different:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WEDDINGS OF HONOR, INC WILL PROVIDE A VOW RENEWAL ANNUALLY, FREE OF CHARGE TO SOMEONE WHO IS EITHER ACTIVE OR RETIRED MILITARY, LAW ENFORCEMENT, FIRE OR EMS PERSONNEL. THE DESIRE OF WEDDINGS OF HONOR IS TO CREATE AND PROVIDE A DREAM WEDDING, FOR SOMEONE, WHO DUE TO CIRCUMSTANCES AT THE TIME THEY WERE MARRIED WERE UNABLE TO HAVE A TRADITIONAL WEDDING.

ARTICLE IV MANNER OF ELECTION

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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: _____

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: CRAIG GITTNER

Address: 4716 S PENINSULA DR
PONCE INLET, FL 32127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARA GITTNER

Address: 1605 S PENINSULA DR
DAYTONA BEACH, FL 32118

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

8-15-14

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

8/14/14

Date