

14/50000000/056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

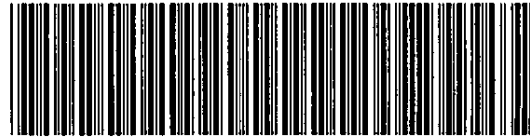
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 3 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Remembering Vets 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: Cathy D. Heighter

Name (Printed or typed)

5 a Wheeler Place

Address

Palm Coast, Fl. 32164

City, State & Zip

386-931-8323

Daytime Telephone number

rememberingvets@gmail.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: Remembering Vets Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5 A Wheeler Place

Palm Coast, FL. 32164

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Remember, Honor, Support and Serve Veterans and the surrounding community

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: Cathy D. Heighter, CEO

Address: 5 A Wheeler Place
Palm Coast, FL. 32164

Name and Title: Carol B. Pryor, ED (Executive Director)

Address: 20106 Harbour Vista Circle
St. Augustine, FL. 32080

Name and Title: Gary M. Pitak, Dir(Director)

Address: 648 E. Bianca Circle
St. Augustine, FL. 32086

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: W. Henry O'Connell

Address: 2825 Lewis Speedway
St. Augustine, FL. 32084


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cathy D. Heighter

Address: 5 A Wheeler Place
Palm Coast, FL. 32164

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.

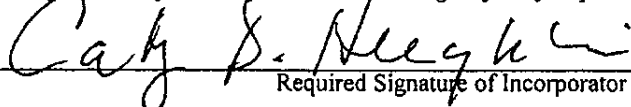


Required Signature of Registered Agent

1-17-2015

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

1-17-2015

Date