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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

MD 2/12

## COVER LETTER

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

SUBJECT: **Wounded But Not Broken Crisis Ministry, 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: **Patricia Simmons**

Name (Printed or typed)

**2015 E. Pintree Blvd #I-4**

Address

**Thomasville, Ga. 31792**

City, State & Zip

**229-225-8258**

Daytime Telephone number

**woundedbutnot@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: WOUNDED BUT NOT BROKEN CRISIS MINISTRY, INC.

## **ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2015 E. Pintree Blvd # I-4

Thomasville, Ga 31792

Mailing address, if different is:

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ALLIANCE STATE  
TALLHASSEE, FLORIDA

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of the corporation is the assist veterans in their transition from military service to civilian life. Assist homeless veterans with food, clothing, housing and mental challenges. Referring veterans to other needed essentials to sustain needs.

## **ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: annually by proxy

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

Name and Title: Patricia Simmons, CEO Name and Title: \_\_\_\_\_

Address: 2015 E. Pinetree Blvd # I-4 Address: \_\_\_\_\_  
Thomasville, Ga. 31792

Name and Title: David Harris, Jr. Chair/President Name and Title: \_\_\_\_\_

Address: 6216 Whittondale drive Address: \_\_\_\_\_  
Tallahassee, Florida 32312

Name and Title: Sandra Simmons, Secretary Name and Title: \_\_\_\_\_

Address: 2015 E Pintree Blvd # I-8 Address: \_\_\_\_\_  
Thomasville, Ga 31792

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: David Harris

Address: 6216 Whittondale Drive

Tallahassee, Florida 32312

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David Harris, Jr

Address: 6216 Whittondale Dr

Tallahassee, Florida 32312

*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*

*David Harris, Jr.*

02-01-15

Required Signature of Registered Agent

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.*

*David Harris, Jr.*

02-01-15

Required Signature of Incorporator

Date