

FILED
2015 FEB 19 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BADGE 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: JO ANN M. KOONTZ
Name (Printed or typed)

1819 MAIN STREET, SUITE 910
Address

SARASOTA, FL 34236
City, State & Zip

941-225-2615
Daytime Telephone number

JOANN@KOONTZASSOCIATES.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2015

JO ANN M. KOONTZ
1819 MAIN STREET
SUITE 910
SARASOTA, FL 34236

SUBJECT: BADGE OF HONOR, INC
Ref. Number: W15000010508

We have received your document for BADGE OF HONOR, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

The name and document of conflict is. "BADGE OF HONOR LLC-L11000016440."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 415A00002985

Jo Ann M. Koontz, Esq., CPA

Kathrine S. Lupo, Esq.

Jacqueline A. Meeker, Esq.



KOONTZ & ASSOCIATES, PL

1819 Main Street, Suite 910
Sarasota, FL 34236

Phone 941-225-2615

Fax 941-951-2618

February 2, 2015

Via FedEx: Trk# 772798538081

Florida Division of Corporations
Registration Section
2661 W. Executive Center Circle
Tallahassee, FL 32301

Re: Badge of Honor

Dear Sir or Madam,

Please be advised that our office represents Mr. Charles Wells. Mr. Wells is submitting Articles of Dissolution for Badge of Honor, LLC, Document # L11000016440. He has indicated that he will not revoke this dissolution and will release the name for use by the Not for Profit company. We have also enclosed the Articles of Incorporation for the Not for Profit, where he will use the same name, Badge of Honor.

Please contact our office with any questions or concerns.

Respectfully yours,

Elizabeth A. Muñoz
Legal Assistant to
Jo Ann M. Koontz, Esq., CPA

/em

Enclosures

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941-225-2615

Daytime Telephone number

JOANN@KOONTZASSOCIATES.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: BADGE OF HONOR, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

12294 US HWY 301 N.

PARRISH, FL 34219

Mailing address, if different is:

PO BOX 133

PARRISH, FL 34219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ASSIST FAMILIES AND CHILDREN
OF POLICE OFFICERS KILLED IN THE LINE OF DUTY.

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ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
AS PROVIDED FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT/ DIRECTOR Name and Title: _____

Address: CHARLES B. WELLS Address: _____
12294 US HWY 301 N. _____
PARRISH, FL 34219 _____

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: JO ANN M. KOONTZ

Address: 1819 MAIN STREET, SUITE 910

SARASOTA, FL 34236

ARTICLE VII INCORPORATOR

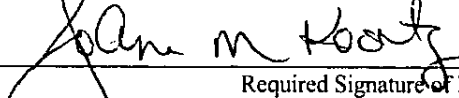
The name and address of the Incorporator is:

Name: JO ANN M. KOONTZ

Address: 1819 MAIN STREET, SUITE 910

SARASOTA, FL 34236

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

2/2/15
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

2/2/15
Date