

NISD200002987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

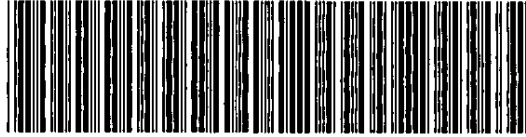
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200270664382

03/20/15--01011--007 **78.75

FILED
15 MAR 20 PM 12:40
STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

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

SUBJECT: Pictures For 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: Theodore Swoboda
Name (Printed or typed)

4117 S.W. 52nd Street
Address

Fort Lauderdale, Fl. 33314
City, State & Zip

954 881.2937
Daytime Telephone number

swobodaphotography@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: Pictures For Vets Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

4117 S.W. 52nd Street

Fort Lauderdale, Fl. 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide artwork for the wall of Veterans
facilities, hospitals, hospices and other institutions that serve the
public welfare.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
elected at the annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Theodore Swoboda
Name and Title: executive director Name and Title: _____

Address 4117 S.W. 52nd Street Address: _____
Fort Lauderdale, Fl. 33314

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
15 MAR 20 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Theodore Swoboda

Address: 4117 S.W. 52nd Street

Fort Lauderdale, Fl. 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Theodore Swoboda

Address: 4117 S.W. 52nd Street

Fort Lauderdale, Fl. 33314

FILED
15 MAR 20 PM 12:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Theodore Swoboda
Required Signature of Registered Agent

3-16-15
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.

Theodore Swoboda
Required Signature of Incorporator

3-16-15
Date