

NIS000003A22

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

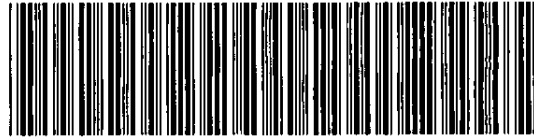
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200271335012

04/07/15--01016--001 \*\*78.75

RECEIVED  
FILING OFFICE  
TALLAHASSEE, FLORIDA

15 APR - 7 AM 9:36

APPROVED  
FILED

RECEIVED  
15 APR - 7 AM 9:29  
NATION OF GOD, INC.

## COVER LETTER

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

SUBJECT: AUSTIN SPENCER "ASH" HAMILTON FOUNDATION, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED	

FROM: KEITH HAMILTON  
Name (Printed or typed)

3923 HOLIDAY DRIVE  
Address

PANAMA CITY BEACH, FL 32408  
City, State & Zip

850 - 339-4653  
Daytime Telephone number

TRY STATE MKTG @ 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: AUSTIN SPENCER "ASH" HAMILTON FOUNDATION INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

3923 HOUCOAY DR

PANAMA CITY FLORIDA

32408

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROMOTE ORGAN DONATION AWARENESS,  
BREAST CANCER AWARENESS

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: VOTE

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

Name and Title: KEITH HAMILTON Name and Title: PRESIDENT

Address: 3923 HOUCOAY DR Address: \_\_\_\_\_  
PANAMA CITY BEACH, FL  
32408

Name and Title: GRIFFIN HAMILTON Name and Title: SECRETARY

Address: 3923 HOUCOAY DR Address: \_\_\_\_\_  
PANAMA CITY BEACH, FL  
32408

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

NOTED  
FILED  
JAN 15 1998  
PANAMA CITY, FLORIDA

15 APR - 7 AM 9:38

4/15/98  
FILED

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: KETH HAMILTON

Address: 3923 HOLIDAY DRIVE

PANAMA CITY BEACH, FL  
32408

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KETH HAMILTON

Address: 3923 HOLIDAY DR

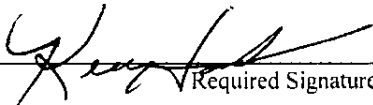
PANAMA CITY BEACH, FL  
32408

RECEIVED  
FLORIDA DEPARTMENT OF  
STATE  
TALLAHASSEE, FLORIDA

15 APR - 7 AM 9:38

APPROVED  
FILED

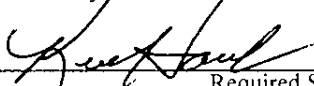
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

4/7/15  
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

4/7/15  
Date

I Kirk Hamilton have no intention  
of reinstating the previous Austin  
Spencer ASH Hamilton FOUNDATION  
FOR ORGAN DONATION AWARENESS.

Kirk Hamilton  
4/7/15