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COVER LETTER

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

SUBJECT: Folds of Honor - North Florida 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: Scott R. Morris
Name (Printed or typed)

501 South Sweetwater Cove Blvd
Address

Longwood, FL 32779
City, State & Zip

407-473-7911

Daytime Telephone number

scottm@foldsofhonor.org

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:

Folds of Honor - North Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

501 South Sweetwater Cove Blvd.

PO Box 917246

Longwood, FL 32779

Longwood, FL 32791

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Folds of Honor seeks to provide annual scholarships to the military families of those who have been killed or disabled while in active duty. These help support private education tuition, tutoring and educational summer camps for children K-12, as well as higher education tuition assistance for spouses and children.

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

Appointed and approved by Folds of Honor Headquarters

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott R. Morris

Name and Title: _____

Address 501 South Sweetwater Cv Blvd

Address: _____

Longwood, FL 32779

Name and Title: Jeff Babineau

Name and Title: _____

Address 3989 Carnaby Drive

Address: _____

Oviedo, FL 32765

Name and Title: Rex Hoggard

Name and Title: _____

Address 810 Riverbend Blvd

Address: _____

Longwood, FL 32779

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: Scott R. Morris

Address: 501 South Sweetwater Cove Blvd

Longwood, FL 32779

15 MAY 20 PM 2:13
STATE
ATTORNEY GENERAL
FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott R. Morris

Address: 501 South Sweetwater Cove Blvd

Longwood, FL 32779

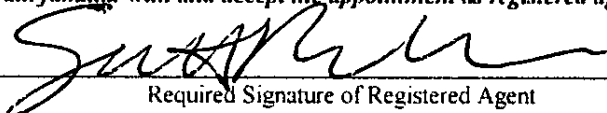
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

05-06-15
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

05-06-15
Date