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DIVISION OF CORPORATION
15 SEP 18 AM 9:55

09/25/15

COVER LETTER

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

SUBJECT: Veterans Housing Foundation of 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: Charles Tipton

Name (Printed or typed)

8250 White Falls Blvd Unit 103

Address

Jacksonville, FL 32256

City, State & Zip

901-620-7124

Daytime Telephone number

tiptonca@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: Veterans Housing Foundation of Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8250 White Falls Blvd Unit 103

Jacksonville, FL 32256

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: See attached Exhibit

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Per the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Tipton, Director/President

Address: 8250 White Falls Blvd Unit 103
Jacksonville, FL 32256

Name and Title: Marquette Magee, Director/Secretary

Address: 14293 Sea Eagle Drive
Jacksonville, FL 32226

Name and Title: Kim Boyd, Director/Treasurer

Address: 1060 Kennesaw Due West Rd
Kennesaw, GA 30152

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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15 SEP 18 AM 9:55

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: Charles Tipton
Address: 8250 White Falls Blvd Unit 103
Jacksonville, FL 32256

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Charles Tipton
Address: 8250 White Falls Blvd Unit 103
Jacksonville, FL 32256

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

Charles Anthony Tipton
Charles Anthony Tipton (Aug 11, 2015)

Required Signature of Registered Agent

Aug 11, 2015

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.

Charles Anthony Tipton
Charles Anthony Tipton (Aug 11, 2015)

Required Signature of Incorporator

Aug 11, 2015

Date