

N/600000 4/54

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

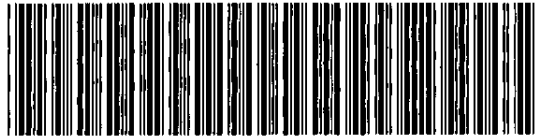
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☒

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APPROVED  
AND  
FILED  
16 APR 26 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: I Support Veterans & Families Chapter 1-1  
(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: Timothy L. Ford  
Name (Printed or typed)

312 Laureno Pl.  
Address

Panama City Beach FL 32413  
City, State & Zip

205-834-3133  
Daytime Telephone number

armorhog@Aol.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:

I Support Veterans & Families chapter 1-1  
Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

5412 Frank Hough Rd.  
Panama City Fl. 32404

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To support local veteran  
agencies, individual veterans such as but not limited  
to: veterans home, homeless veterans and families

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

conducted in accordance with by laws

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

Name and Title:

Kyle Compton

Name and Title:

President

Address

117 Hill Rd  
Panama City Fl. 32404

Address:

Name and Title:

Tim Ford

Name and Title:

Vice President

Address

312 Laurens Place  
Panama City Bch Fl. 32413

Address:

Name and Title:

Shelly Boppre

Name and Title:

Secretary

Address

5412 Frank Hough Rd  
Panama City Fl. 32404

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 APR 26 AM 11:07

AFFIDAVIT  
AND  
FILED

Name and Title: Jack Morrow Name and Title: Treasurer  
Address: 1720 Drake Ave Address: \_\_\_\_\_  
Panama City Fl. 32405 \_\_\_\_\_  
\_\_\_\_\_  
Name and Title: Kenny Bankhead Name and Title: SAA  
Address: 2238 E 18<sup>th</sup> St. Address: \_\_\_\_\_  
Panama City Fl. 32405 \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Tim For  
Address: 312 Laurens Place  
Panama City Fl. 32413

**ARTICLE VII INCORPORATOR**

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

Name: Tim For  
Address: 312 Laurens Place  
Panama City Fl. 32413

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04-25-2016 (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*

[Signature]  
Required Signature of Registered Agent

04-25-2016  
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.*

[Signature]  
Required Signature of Incorporator

04-25-2016  
Date