

N16000008684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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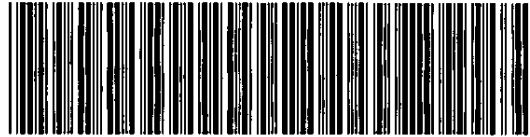
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Reel Warriors, 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: Paul Johnson  
Name (Printed or typed)

16228 Flight Path Dr  
Address

Brooksville, FL 34604  
City, State & Zip

352/848-2510  
Daytime Telephone number

paul.johnson@accuform.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: Reel Warriors, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

16228 Flight Path Dr  
Brooksville, FL 34604

Mailing address, if different from principal address:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide veterans of the United States military  
with a therapeutic fishing adventure.

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

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

Name and Title: Tom Brady, CEO Name and Title: Paul Johnson, President

Address: 16228 Flight Path Dr Address: 16228 Flight Path Dr  
Brooksville, FL 34604 Brooksville, FL 34604

Name and Title: Scott Silvers, CIO Name and Title: Kellie Davidson, Secretary

Address: 16228 Flight Path Dr Address: 16228 Flight Path Dr  
Brooksville, FL 34604 Brooksville, FL 34604

Name and Title: Curt Cornell, Treasurer Name and Title: \_\_\_\_\_

Address: 16228 Flight Path Dr Address: \_\_\_\_\_  
Brooksville, FL 34604 \_\_\_\_\_

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: Curt Cornell

Address: 16228 Flight Path Dr

Brooksville, FL 34604

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Curt Cornell

Address: 16228 Flight Path Dr

Brooksville, FL 34604

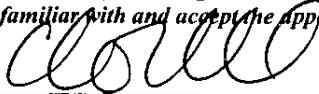
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 12, 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



Required Signature of Registered Agent

8/12/2016

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.



Required Signature of Incorporator

8/12/2016

Date

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TALLAHASSEE, FLORIDA

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