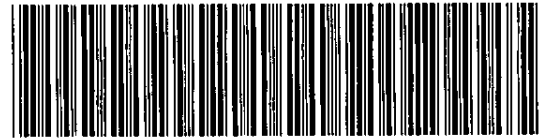


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(Requestor's Name)

(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:

< 00632, 00626 >

Office Use Only

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 15 AM 9:03

W/16-029254

09/16/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2016

RENAE PETRY
1762 S.W. GLORIA LN.
PORT ST. LUCIE, FL 34953

SUBJECT: BAND OF BROTHERS, M.A., INC
Ref. Number: W16000029254

We have received your document for BAND OF BROTHERS, M.A., INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 916A00008157

COVER LETTER

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

SUBJECT: BAND OF BROTHERS M.A., 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: RENAE PERRY
Name (Printed or typed)

1762 SW GLORIA LANE
Address

PORT SAINT LUCIE, FL. 34953
City, State & Zip

561-723-1921
Daytime Telephone number

RPERRY914@AFL.NET
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: BAND OF BROTHERS, M.A., INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1762 SW. GLORIA LANE
PORT SAINT LUCIE, FL.
34953

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A NON-PROFIT ASSOCIATION
FOSTERING SUPPORT FOR OTHER CHARITABLE
ORGANIZATIONS WITHIN THE STATE OF FLORIDA.
* SEE ATTACHED *

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

GENERAL MEMBERSHIP *SEE ATTACHED*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>PAUL GERTMAN / PRES.</u>	Name and Title:	<u>PASQUALE PRATO, V.P.</u>
Address	<u>501 BACON TERRACE</u> <u>PORT SAINT LUCIE, FL.</u> <u>34953</u>	Address:	<u>1133 S.W. BRISBANE ST.</u> <u>PORT SAINT LUCIE, FL.</u> <u>34984</u>
Name and Title:	<u>RENAE PETRY / SEC.</u>	Name and Title:	<u>JEANNE WOFFORD / TRES.</u>
Address	<u>1762 S.W. GLORIA LANE</u> <u>PORT SAINT LUCIE, FL.</u> <u>34953</u>	Address:	<u>799 SE. SEAHOUSE DR.</u> <u>PORT SAINT LUCIE, FL.</u> <u>34983</u>

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: RENAE PETRY
Address: 1762 SW GLORIA LANE
PORT SAINT LUCIE, FL. 34953

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RENAE PETRY
Address: 1762 SW GLORIA LANE
PORT SAINT LUCIE, FL. 34953

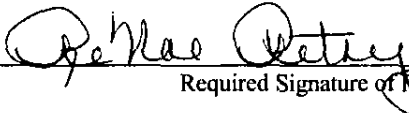
ARTICLE VIII EFFECTIVE DATE:

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

4/9/16
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

4/9/16
Date

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Article III Purpose:

A NON-PROFIT ASSOCIATION FOSTERING SUPPORT FOR OTHER CHARITABLE ORGANIZATIONS WITHIN THE STATE OF FLORIDA. SEVERAL CHARITIES THAT WE GIVE DONATIONS, PARTICIPATION IN THEIR BENEFITS AND ORGANIZE BENEFITS FOR THEIR CHARITY, LIKE SARAH'S KITCHEN (FEEDING THE HOMELESS), TWISTED RIBBONS (HELPING PEOPLE WITH TERMINAL ILLNESS), BIKER'S CARPET COMPASSION IN ACTION FOR THE HOMELESS.

Article III MANNER OF ELECTION:

A YEARLY ELECTION IS DONE AND VOTED ON BY MEMBERS, AS IS STATED IN THE BYLAWS