

N16000009703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

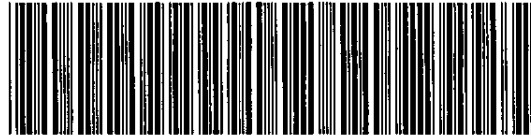
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/03/16--01012--003 **70.00

16 OCT -3 AM 11:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: shopping for soldiers , 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: Neal Bellinger

Name (Printed or typed)

201 SW 9th St

Address

Delray Beach , FL 33444

City, State & Zip

561-827-0585

Daytime Telephone number

shoppingforsoldiersneeds@gmail.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: Shopping For Soldiers, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

201 SW 9th St

Delray Beach, Fl 33444

16 OCT -3 AM 11:29
COUNTY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide needed items for the Homeless, Indigent and Womens Center for Veterans from all wars that come to the VA. Med Center in WPalm, Fl and Miami, Fl.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: by Neal Bellinger - Founder

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Neal Bellinger President and Founder

Name and Title: _____

Address

201 SW 9th St

Address: _____

Delray Beach , Fl 33444

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Neal Bellinger
Address: 201 SW 9th St
Delray Beach , Fl 33444

16 OCT -3 AM 11:25
STATE DEPT OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Neal Bellinger
Address: 201 SW 9th St.
Delray Beach , Fl 33444

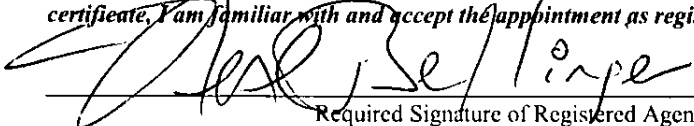
ARTICLE VIII EFFECTIVE DATE: 9-28-2016

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

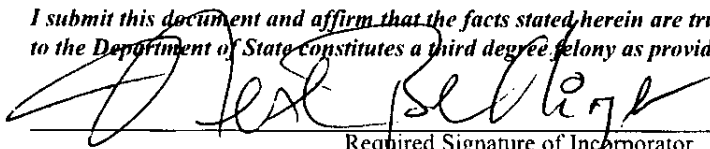


Required Signature of Registered Agent

9-29-2016

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

9-29-16

Date