

N17000002616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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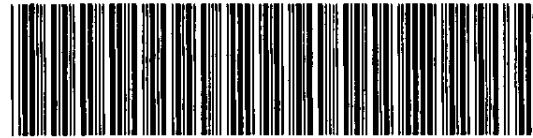
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17-015560

03/10/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2017

VICTOR RIVERA
11840 SOPHIA DR., APT. 4201
TEMPLE TERR., FL 33637

SUBJECT: COMBAT VETERANS UNITED OF TAMPA, FL, LLC
Ref. Number: W17000015560

We have received your document for COMBAT VETERANS UNITED OF TAMPA, FL, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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: 117A00003455

17 MAR -9 AM 10:16
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RECEIVED BY SERVICE

COVER LETTER

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

SUBJECT: COMBAT VETERANS UNITED of Tampa, FL LLC
(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: VICTOR RIVERA
Name (Printed or typed)

11840 SOPHIA DRIVE Apt 4201
Address

Temple Terrace Florida 33637
City, State & Zip

813 735 2642
Daytime Telephone number

RIVERA-VICTOR@ROCKETMAIL.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: COMBAT VETERANS UNITED of Tampa FL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

11840 SOPHIA DR. APT 4201
Temple Terrace Florida
33637

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENHANCE THE QUALITY OF LIFE
FOR VETERANS AND THEIR FAMILY THRU ACTIVITIES AND SOCIAL
EVENTS MONTHLY THROUGHOUT THE YEAR.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By way of
holding elections within the members, and voting on the officials for
annual office, elections are held every year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VICTOR RIVERA, President

Address: 11840 SOPHIA DR APT
4201, Temple Terrace
FL 33637

Name and Title: JOSE LUIS VEGA - SECRETARY

Address: 323 DELWOOD BRECK ST.
RUSKIN Florida
33570

Name and Title: Luis Aguila V. Pres

Address: 11419 Waveland Way
Tampa FL 33624

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: MILTON SANTOS Name and Title: TREASURER
Address: 3825 TUCKERTON DR Address: _____
Land O' Lakes FL 34638

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: VICTOR RIVERA
Address: 11840 SOPHIA DR, Apt 4201
Temple Terrace FL 33637

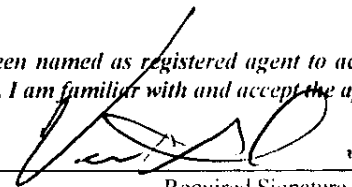
ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Luis A Aquila
Address: 11419 Waveland way
Tampa, FL 33624

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

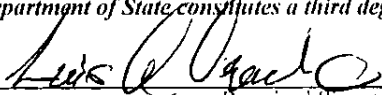


Required Signature of Registered Agent

2-16-2017

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

2-16-2017

Date