

N 1700000 2712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

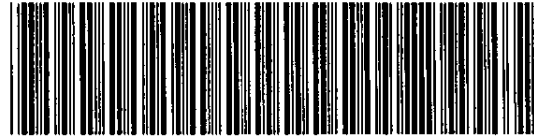
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF SUPREME COURT  
TALLAHASSEE, FLORIDA

2017 MAR -6 PM 11:56

COVER LETTER 91A

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

SUBJECT: Chasin Foundation Incorporated  
(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: Chris Bellingham  
Name (Printed or typed)

7007 Aloma Ave W C  
Address

Winter Park, FL 32792  
City, State & Zip

805-215-0180  
Daytime Telephone number

Chasinarchives@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: Chosin Foundation Inc.

**ARTICLE II PRINCIPAL OFFICE**

2017 MAR -6 PM 11: 56

Principal street address:

Mailing address, if different is: OF STATE  
TALLAHASSEE, FLORIDA

7007 Aloma Ave. #C

Winter Park, FL

32792

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: so that we may honor the fallen  
by creating scholarships in their name to provide care for at risk  
youth, veteran spouses & children. To support veteran healing by  
fostering strong community bond

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: they  
can be chosen by support of 2/3 members or appointed board vote.

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

Name and Title: Chris Bellingham C.E.O Name and Title: Steven Duffany C.O.O

Address 7007 Aloma Ave Unit C Address: 1543 Lawndale Circle  
Winter Park, FL Winter Park, FL  
32792 32792

Name and Title: Travis Strate, Development Director Name and Title: \_\_\_\_\_

Address 1543 Lawndale Circle Address: \_\_\_\_\_  
Winter Park, FL \_\_\_\_\_  
32792 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

same as prior page

Name and Title: Steven Duffany, Chief Operations Officer Name and Title: Travis Strote, Development Director

Address: 1593 Lawndale Circle Address: 1593 Lawndale Circle  
Winter Park, FL Winter Park, FL  
32792 32792

Name and Title: Chris Bellingham, Chief Executive Officer Name and Title: \_\_\_\_\_

Address: 7007 Aloma Ave Unit C Address: \_\_\_\_\_  
Winter Park, FL \_\_\_\_\_  
32792 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Chris Bellingham  
Address: 7007 Aloma Ave Unit C  
Winter Park, FL 32792

**ARTICLE VII INCORPORATOR**

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

Name: Steven Duffany  
Address: 1593 Lawndale Circle  
Winter Park, FL 32792

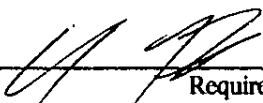
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: March 10, 2017. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

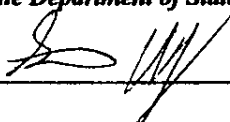
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

March 1, 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

March 1, 2017  
Date