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17 MAR 13 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/14/17

COVER LETTER

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

SUBJECT: Freedom Drivers 4 Veterans
(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

FEIN: 46-3120441

FROM: Freedom Drivers
Name (Printed or typed)

7768 Golf Blvd
Address

201st Springs Fl. 33890
City, State & Zip

207-233-8477
Daytime Telephone number

TomSue1948@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 61.7, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Freedom Drivers 4 Veterans, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7768 Golf Blvd.

Zolfo Springs, FL

33890

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Freedom Drivers 4 Veterans
is solely for the purpose of helping our
Nation's heroes who have visible and invisible
disabilities. We as a 501(c)(3) Fund believe in
offering a helping hand up instead of a hand out.

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

are elected at a board meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: See Fay, President

Address:

7768 Golf Blvd.
Zolfo Springs, FL 33890

Name and Title:

(Board Member)
Joseph Eichinger
10303 Burnt Store Rd.
Unit 1169
Punta Gorda, FL 33950

Name and Title:

Judy Trier, Vice President
3902 Mulligan Court
Lehman, FL 33872

Address:

Address:

Name and Title:

(Board member)
Frederick Heimgartner

Address:

10100 Burnt Store Rd.
Unit 134
Punta Gorda, FL 33950

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Sue Fay
 Address: 7768 Golf Blvd
Zolfo Springs, FL 33890

ARTICLE VII INCORPORATOR

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

Name: Joseph Eichinger
 Address: 10303 Burntstore Rd
Punta Gorda FL 33950

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 TALLAHASSEE, FLORIDA

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 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

Sue E. Fay 3/3/17
 Required Signature of Registered Agent 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.

Joseph M. Eichinger 3/3/17
 Required Signature of Incorporator Date