

N17000006894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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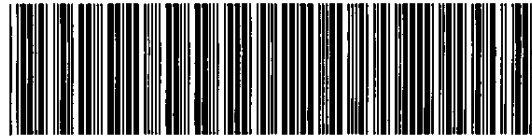
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

07/05/17

## COVER LETTER

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

**SUBJECT:** Wounded Veterans Cruises, 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:** Brynne Rorke {Yippiekiyay Nonprofit Solution:  
\_\_\_\_\_  
Name (Printed or typed)

6295 Greenwood Plaza Blvd

\_\_\_\_\_  
Address

Greenwood Village, CO 80111

\_\_\_\_\_  
City, State & Zip

303-747-4793

\_\_\_\_\_  
Daytime Telephone number

jenniferjwilkie@hotmail.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**                      Wounded Veterans Cruises, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address: \_\_\_\_\_  
290 Wiregrass Place  
\_\_\_\_\_  
Cantonment, FL 32533  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III    PURPOSE**                      to reunite Wounded Veterans to help them heal in their  
The purpose for which the corporation is organized is: \_\_\_\_\_  
recovery. Please see attached.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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STATE OF FLORIDA

**ARTICLE IV    MANNER OF ELECTION**    The manner in which the directors are elected and appointed: \_\_\_\_\_  
As provided for in bylaws.  
\_\_\_\_\_

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

Name and Title: \_\_\_\_\_  
Jennifer Wilke- President  
Address: \_\_\_\_\_  
290 Wiregrass Place  
Cantonment, FL 32533  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Trent Smith- Director  
Address: \_\_\_\_\_  
290 Wiregrass Place  
Cantonment, FL 32533  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Shirley Belvin- Secretary  
Address: \_\_\_\_\_  
290 Wiregrass Place  
Cantonment, FL 32533  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Cory Sandoval- Director  
Address: \_\_\_\_\_  
290 Wiregrass Place  
Cantonment, FL 32533  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Chomin Dalton- Treasurer  
Address: \_\_\_\_\_  
290 Wiregrass Place  
Cantonment, FL 32533  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
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: Jennifer J Wilkie

Address: 290 Wiregrass Place

Cantonment, FL 32533

**ARTICLE VII INCORPORATOR**

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

Name: Jennifer J Wilkie

Address: 290 Wiregrass Place

Cantonment, FL 32533

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DEPARTMENT 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*

*Jen J Wilkie*

Required Signature of Registered Agent

06/27/2017

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.*

*Jen J Wilkie*

Required Signature of Incorporator

06/27/2017

Date

Purpose and Dissolution Clause as required by IRS:

Purpose Clause:

*"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.*

Dissolution Clause:

*" Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."*