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08/01/17

COVER LETTER

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

Lacem Up SUBJECT:) Inc. (Proposed Corporate	NAME – MUST INČLIJO	F SUFFIX)
Enclosed is an original a	and one (1) copy of the Artic		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	□ \$87.50 Filing Fee. Certified Copy & Certificate
FROM:	Brynne Rorke(Yippiekiyay Nonprofit Solutions Name (Printed or typed)		
	6295 Greenwood Plaza Blvd		
	Greenwodo Village, CO 80111		
	City. State & Zip 303-747-4793		
	Daytime Telephone number		

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 The name of t	NAME Lacem Up he corporation shall be:			- 57,	
RTICLE I	PRINCIPAL OFFICE				7 .1111
110	Principal <u>street</u> address: 02 Maury Road		Mailing address, if different		= မျှ နှ
Orl	ando, FL 32804				3
				210 <u>4</u>	50
IRTICLE I	II PURPOSE for which the corporation is organized	l is:			
To help ve	eterans in need physically, er	motionally, and with	avenues to improve the	ir daily str	uggles
hrough th	ne use of the fundraising and	l events. Please see	attached.		-
			·		
· ·					
<u>ARTICLE I</u>		_The manner in which the	directors are elected and appoin	ted:	
As provide	ed for in bylaws.				
ARTICLE	V INITIAL OFFICERS AND	OR DIRECTORS			
iame and Tit	Shane Klamer	Name and Title	William Cain		
ddress	1102 Maury Road	Address:	1102 Maury Road		
	Orlando, FL 32804		Orlando, FL 32804		
	Director		President		
Same and Tit	Kimberly Krbec	Name and Title	Robert Pierce		
Address	1102 Maury Road	Address:	1102 Maury Road		
rauless	Orlando, FL 32804	Address.	Orlando, FL 32804		
	Treasurer		Director		
Same and Th	Brett Cain	Numa and Title			
Name and Title Address	1102 Maury Road		:		
	Orlando, FL 32804	Address:	*		
	Secretary				

Name and Title:		Name and Title:		•	
Address _				-	
_				-	
Name and Title:_		Name and Title:		-	
Address _		Address:		-	
-				-	
_					
ARTICLE VI	REGISTERED AGENT				
The name and Fl	orida street address (P.O. Box NOT) William Cain	acceptable) of the registered agent	is:		
Name:	william Cain				
5 . J . J	1102 Maury Road				
Address:	Orlando, FL 32804			17 JIII	
				<u>ျ</u>	t:
ARTICLE VII	INCORPORATOR dress of the Incorporator is:		*,~		3 <u>3</u> T
Name:	William Cain		- 1 0210)	<u> </u>	•
Address:	1102 Maury Road	1102 Maury Road		2	
	Orlando, FL 32804				
Having been nan certificate, I am f	ned as registered agent to accept ser amiliar with and accept the appointm	vice of process for the above state ent as registered agent and agree t	ed corporation at the place o act in this capacity	design	uted in this
Wm Ci	,	, , ,	07/25/2017		
Required Signature of Registered Agent		ered Agent	Date		_
	iment and affirm that the facts stated t of State constitutes a third degree fel			tted in	a document
Wm Ci	·	•	07/25/2017		
Required Signature of Incorporator			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."