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(Re)

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☒ PICK-UP

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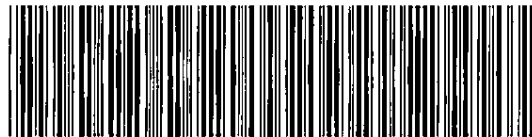
Certified Copies

Special Instructions to

Pick up tomorrow
about 3:00

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M. MOON
JAN 11 2018



800307527218

01/11/18--01001--012 **78.75

Seal Post Office
TALLAHASSEE, FLORIDA

18 JAN 10 AM 4:53

FILED
JAN 11 2018

COVER LETTER

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

SUBJECT: Veterans Advocates 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: Shani Jones
Name (Printed or typed)

1810 N Monroe St
Address

Tallahassee FL 32303
City, State & Zip

(850) 536 4823
Daytime Telephone number

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: Veterans Advocates inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1810 N Monroe St
Tallahassee FL 32303

Mailing address, if different is:

PO Box 31291
Tallahassee FL 32315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To serve the veteran
community by providing support, lifeskills
and resources.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors
shall be appointed in Quarterly meetings.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shari Jones ^{Director} MGR Name and Title: _____

Address: 1810 N Monroe Address: _____
St Tallahassee FL
32303

Name and Title: Antonio Johnson ^{Director} MGR Name and Title: _____

Address: 1810 N Monroe Address: _____
St Tallahassee FL
32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2019 JUL 10 PM 5:05
CLERK

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: Shani Jones

Address: 1810 N Monroe St

Tallahassee FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Antonio Johnson

Address: 1810 N Monroe

St Tallahassee FL 32303

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

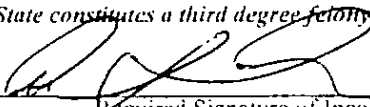


Required Signature of Registered Agent

1/10/18

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

1/10/18

Date

FILED
JAN 10 2018
CLERK