N18 000 003 962

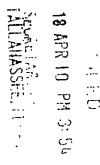
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Only) States 2 pri Hone in					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



300309022303

82/20/18--01008--001 **35.00



40

D O'KEEFE APR 1 0 2018





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2018

WILLIAM C. BOYKIN 870 N. MIRAMAR AVE. STE. 213 INDIATLANTIC, FL 32903

SUBJECT: DISABLED AMERICAN VOLUNTEERS, INC.

Ref. Number: W18000018075

We have received your document for DISABLED AMERICAN VOLUNTEERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An additional \$35.00 is due for this filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DAN ELESTE egalatoris decialist II

1018 MAR - 8 PM

Letter Number: 918A00003748

18 APR 10 PH 3: 55

COVER LETTER

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

DISABLED A	AMERICAN VOLUNTEERS.				
		RATE NAME - <u>MUST INC</u>			
Enclosed is an original a	nd one (1) copy of the Arti	cles of Incorporation and	a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate DPY REQUIRED		
FROM:	WILLIAM C. BOYKIN				
rkom;	Name (Printed or typed)				
	870 N. MIRAMAR AVE., SUITE 213				
	Address				
	INDIALANTIC, FLORIDA	32903			
		City, State & Zip	-		
	(321) 210-5757				

boykinrangers@gmail.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

e e

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

RTICLE II	PRINCIPAL OFFICE			
870 N.	Principal <u>street</u> address: MIRAMAR AVE., SUITE 213	Mailing address, if different is:		
INDIA	LANTIC, FLORIDA 32903			
RTICLE III he purpose for N THE WORK	PURPOSE which the corporation is organized is: FORCE AND FOR AN INCINTIVE TO	HELP DISABLEI	O VETERANS AND VOLUNTEERS GE E IN LIFE.	г васк
				_ :
RTICLE IV	MANNER OF ELECTION The manner	r in which the direc	tors are elected and appointed: by stockho	lders
RTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u>ORS</u>		
	WILLIAM C. BOYKIN, PRESIDENT	Name and Title:	WILLIAM C. BOYKIN, VP	
	870 N. MIRAMAR AVE., SUITE 213		870 N. MIRAMAR AVE., SUITE 213	
	INDIALANTIC, FLORIDA 32903	_		
	INDIALANTIC, PLONIDA 32903	-	INDIALANTIC, FLORIDA 32903	
Jama and Title	WILLIAM C. BOYKIN, TREASURER	- -	WILLIAM C BOYKIN SECRETARY	
	WILLIAM C. BOYKIN, TREASURER	- _ Name and Title	WILLIAM C BOYKIN SECRETARY	
Name and Title	WILLIAM C. BOYKIN, TREASURER	- -	WILLIAM C. BOYKIN, SECRETARY	
Address	WILLIAM C. BOYKIN, TREASURER 870 N. MIRAMAR AVE., SUITE 213 INDIALANTIC, FLORIDA 32903	- Name and Title: Address: -	WILLIAM C. BOYKIN, SECRETARY 870 N. MIRAMAR AVE., SUITE 213 INDIALANTIC, FLORIDA 32903	18 AP
Address	WILLIAM C. BOYKIN, TREASURER 870 N. MIRAMAR AVE., SUITE 213	- Name and Title: Address: Name and Title:	WILLIAM C. BOYKIN, SECRETARY 870 N. MIRAMAR AVE., SUITE 213 INDIALANTIC, FLORIDA 32903	18 APR 10

Name and Title:	Nan	ne and Title:
Address	Add	ress:
_		
Name and Title:_	Nan	ne and Title:
Address	Ado	dress:
_		
	REGISTERED AGENT	
The name and Fl	orida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	WILLIAM C. BOYKIN	
Address:	870 N. MIRAMAR AVE., SUITE 2	<u>!13</u>
	INDIALANTIC, FLORIDA 329	03
	INCORPORATOR Idress of the Incorporator is: WILLIAM C. BOYKIN	18 APR 10 PH 3
Address:	870 N. MIRAMAR AVE., SUITE	
ridatess.	INDIALANTIC, FLORIDA 329	$\frac{1}{203}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$
Effective date if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and ca	. (OPTIONAL) innot be more than five days prior or 90 days after the filing.)
Note: If the date document's effect	inserted in this block does not meet the applicative date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Having been na certificate, I am	med as registered agent to accept service of p familiar with and accept the appointment as re	rocess for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
Required Signature of Registered Agent		February 16, 2018
i submit this doc to the Departme	rument and affirm that the facts stated herein a nt of State constitutes a third degree felony as p	re true. I am aware that any false information submitted in a docurrovided for in s.817.155, F.S.
<i>?</i> w	Illian C. Bakin Required Signature of Incorpora	February 16, 2018
	Required Signature of Incorpora	ator Date