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W18-18075



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2018

WILLIAM C. BOYKIN
870 N. MIRAMAR AVE. STE. 213
INDIANTLANTIC, 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.

Letter Number: 918A00003748

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DANIEL L. KEEFE
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11111
18 APR 10 PM 3:55
TALLAHASSEE, FL 32314

COVER LETTER

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

SUBJECT: DISABLED AMERICAN VOLUNTEERS, 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: WILLIAM C. BOYKIN
Name (Printed or typed)

870 N. MIRAMAR AVE., SUITE 213
Address

INDIALANTIC, FLORIDA 32903
City, State & Zip

(321) 210-5757
Daytime Telephone number

boykinrangers@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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: DISABLED AMERICAN VOLUNTEERS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
870 N. MIRAMAR AVE., SUITE 213
INDIALANTIC, FLORIDA 32903

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO HELP DISABLED VETERANS AND VOLUNTEERS GET BACK
IN THE WORK FORCE AND FOR AN INCINTIVE TO BE PRODUCTIVE IN LIFE.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM C. BOYKIN, PRESIDENT

Address: 870 N. MIRAMAR AVE., SUITE 213
INDIALANTIC, FLORIDA 32903

Name and Title: WILLIAM C. BOYKIN, VP

Address: 870 N. MIRAMAR AVE., SUITE 213
INDIALANTIC, FLORIDA 32903

Name and Title: WILLIAM C. BOYKIN, TREASURER

Address: 870 N. MIRAMAR AVE., SUITE 213
INDIALANTIC, FLORIDA 32903

Name and Title: WILLIAM C. BOYKIN, SECRETARY

Address: 870 N. MIRAMAR AVE., SUITE 213
INDIALANTIC, FLORIDA 32903

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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10 APR 10 PM 3:55
TALLAHASSEE, FLORIDA

10 APR 10 PM 3:55

FILED

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: WILLIAM C. BOYKIN
 Address: 870 N. MIRAMAR AVE., SUITE 213
INDIALANTIC, FLORIDA 32903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILLIAM C. BOYKIN
 Address: 870 N. MIRAMAR AVE., SUITE 213
INDIALANTIC, FLORIDA 32903

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 18 APR 10 PM 3:55
 TALLAHASSEE, FL 32301

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

William C Boykin
 Required Signature of Registered Agent

February 16, 2018
 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.

William C Boykin
 Required Signature of Incorporator

February 16, 2018
 Date