

N18000004995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

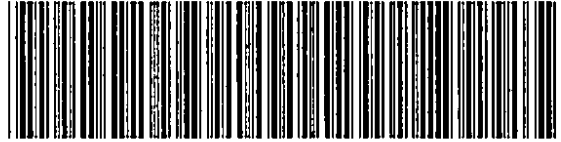
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

MAY 08 2018



100311699481

04/23/18--01044--000 \*\*78.75

18 MAY -8 PM 2:13  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2018

MATTHEW RASCOVICH  
1730 NW 55 TR  
GAINESVILLE, FL 32605

SUBJECT: VETERANS ASSISTING VETERANS INC  
Ref. Number: W18000038373

RECEIVED  
2018 MAY -8 AM 10:56  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for VETERANS ASSISTING VETERANS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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.

Nadira D McClees-Sarns  
Regulatory Specialist II

Letter Number: 418A00008252

RECEIVED  
2018 MAY -8 PM 2:13  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

## COVER LETTER

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

**SUBJECT:** Veterans assisting veterans 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:** Matthew Rascovich  
\_\_\_\_\_  
Name (Printed or typed)

1730 nw 55 tr  
\_\_\_\_\_  
Address

gainesville, FL 32605  
\_\_\_\_\_  
City, State & Zip

3522811610  
\_\_\_\_\_  
Daytime Telephone number

rascovich@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: Veterans Assisting Veterans INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1730 NW 55 tr Gainesville FL 32605

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation is organized exclusively for charitable, religious and education  
as specified in Section 501(c)(3) of the Internal Revenue Code, including for such purposes, the making of distributions to  
organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code,  
or the corresponding section of any future federal tax code.

The purpose of this corporation is to help Veterans with everyday life and the betterment of the goals.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Majority Vote

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

Name and Title: Director Matthew Rascovich

Address: 1731 NW 55 tr Gainesville FL 32605

Name and Title: Administrator Jeff Gruver

Address: 1106 nw 30th ave  
Gainesville, FL 32609

Name and Title: Officer Shaunita Wells

Address: 1112 se 7th ave  
Gainesville, FL 32601

Name and Title: Officer Rachael Wacha

Address: 4488 nw 6th street  
Gainesville, fl 32609

Name and Title: Officer Silvia Hunkins

Address: 1731 nw 55 tr  
Gainesville, FL 32605

Name and Title: AR Oscar Rodriguez

Address: 214 SW 91st tr suite A  
Gainesville, FL 32608

FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF ALACHUA

18 MAY -8 PM 2:13

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: Matthew Rascovich

Address: 1730 nw 55 tr  
gainesville, fl 32605

**ARTICLE VII INCORPORATOR**

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

Name: Matthew Rascovich

Address: 1730 nw 55 tr  
gainesville, fl 32605

FILED  
18 MAY -8 PM 2:13  
TALLAHASSEE, FLORIDA

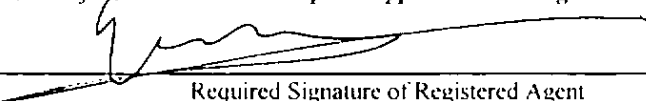
**ARTICLE VIII EFFECTIVE DATE:**

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

2/5/18  
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 §817.155, F.S.*

  
Required Signature of Incorporator

2/5/18  
Date