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SEP. 07 2018

T. SCOTT



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2018 SEP -4 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2018

DANIEL HEISER
1840 KESWICK RD
ST AUGUSTINE, FL 32084

SUBJECT: THE GREATEST GENERATION MUSEUM INC.
Ref. Number: W18000073540

We have received your document for THE GREATEST GENERATION MUSEUM 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 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 the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 418A00016772

2018 SEP -4 PM 4:52

DB

COVER LETTER

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

SUBJECT: The Greatest Generation Museum 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: Daniel Heiser
Name (Printed or typed)

1840 Keswick Rd
Address

St. Augustine, FL 32084
City, State & Zip

(904) 327-2271
Daytime Telephone number

danhei13@outlook.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: The Greatest Generation Museum, Inc.

ARTICLE II. PRINCIPAL OFFICE

Principal street address:

1840 Keswick Rd
St. Augustine, FL 32084

Mailing address, if different is:

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is: to educate the community
and preserve history of World War II

ARTICLE IV. MANNER OF ELECTION

The manner in which the directors are elected and appointed: the
board votes

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Heiser P
Address: 1840 Keswick Rd
St. Augustine, FL 32084

Name and Title: Diane Heiser S
Address: 1840 Keswick Rd
St. Augustine, FL 32084

Name and Title: Earl Kidwell C
Address: 87 Antilles Rd
St. Augustine, FL 32092

Name and Title: Willard Robinson T
Address: 321 Golden Lake Loop
St. Augustine, FL 32084

Name and Title: Isabelita Robinson AT
Address: 321 Golden Lake Loop
St. Augustine, FL 32084

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL 32399

2010 SEP -4 AM 8:56

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: Melissa Sarris Kauttu, Esq.

Address: 1510 N. Ponce de Leon Blvd., Ste. B
St. Augustine, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Heiser

Address: 1840 Keswick Rd
St. Augustine, FL 32084

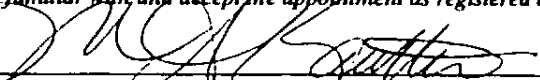
ARTICLE VIII EFFECTIVE DATE:

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.)

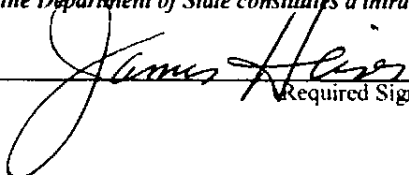
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/3/18
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

8/3/18
Date