

N18000411583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

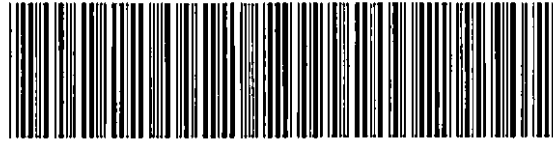
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900320378809

10/31/18--01010--011 **70.00

RECEIVED
DEPARTMENT OF STATE
18 OCT 31 AM 11:50

FILED
2018 OCT 31 PM 12:03
DEPARTMENT OF STATE
WASHINGTON, DC 20540

COVER LETTER

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

SUBJECT: Wounded But Not Dead, 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: Viola Crudup
Name (Printed or typed)

7 Biddle Place
Address

Palm Coast, Florida
City, State & Zip 32137

386-283-0226
Daytime Telephone number

— TRISH.VIOLO@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: Wounded But Not Defeated, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

7 Biddle Place
Palm Coast
Florida 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to minister to the gospel of

JC to those who are suffering from various
types of abuse, relationships & other issues
that are harmful to their mental, body
& spirit to hold conferences, workshops
classes & eventually person will be
able live a positive productive life

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Vote by majority

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kiola Crump

Address: 7 Biddle Place
Palm Coast
Florida 32137

Name and Title: Pres / CEO

Name and Title: Christie Ruess

Address: 20 Bray Ave
Medford, NY
11763

Name and Title: Vice Pres

Name and Title: Gertrude Walker

Address: 7A Wholesome Place
Palm Coast
Florida
32166

Name and Title: Sec

RECEIVED
FILED
2018 OCT 31 PM 12:03

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: Brenda K Cusack
Address: 7 Biddle Pl
Palm Coast, FL 32137

FILED
2018 OCT 31 PM 12:03
CLERK OF DISTRICT COURT
JANASSEE - FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brenda K. Cusack
Address: PO Box 4022
Hamilton NJ 08610

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

Brenda K. Cusack
Required Signature of Registered Agent

10/31/18
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.

Brenda K Cusack
Required Signature of Incorporator

10/31/18
Date