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(Requestor's Name)

(Address)

(Address)

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PICK-UP     WAIT     MAIL

(Business Entity Name)

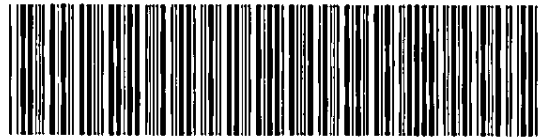
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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195  
REFERENCE : 490690 8255252  
AUTHORIZATION :   
COST LIMIT : \$ 70.00

ORDER DATE : November 15, 2018  
ORDER TIME : 1:15 PM  
ORDER NO. : 490690-005  
CUSTOMER NO: 8255252

DOMESTIC FILING

NAME: NO BOUNDARIES MILITARY, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

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TALLAHASSEE, FL 32314

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

SUBJECT: NO BOUNDARIES MILITARY, 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: MICHAEL AND MOLLY RAYMOND  
Name (Printed or typed)

142 CRIMSON ISLES DRIVE  
Address

JUPITER, FL 33478  
City, State & Zip

703-338-4158  
Daytime Telephone number

MIRAYMOND@AIPNETWORKS.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** NO BOUNDARIES MILITARY, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address:	Mailing address, if different is:
142 Crimson Isles Drive	_____
_____	_____
Jupiter Florida 33478	_____
_____	_____
_____	_____

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**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: \_\_\_\_\_  
Promotes self-esteem, pride, and a sense of accomplishment for combat wounded service men and women  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_ voted in.  
\_\_\_\_\_

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

Name and Title: Michael Raymond, Director	Name and Title: _____
Address: 142 Crimson Isles Drive	Address: _____
Jupiter Florida 33478	_____
_____	_____

Name and Title: Molly Raymond, Director	Name and Title: _____
Address: 142 Crimson Isles Drive	Address: _____
Jupiter Florida 33478	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Michael and Molly Raymond  
Address: 142 Crimson Isles Drive  
Jupiter Florida 33478

**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*

By: Emily Croft **Emily Croft** 11/15/2018  
Asst. Vice President  
Required Signature of Registered Agent 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.*

Molly Raymond **Molly Raymond** NOV 15, 2018  
Required Signature of Incorporator Date