

119000001301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

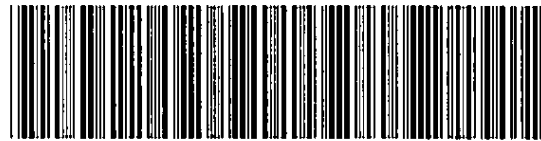
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

K. PAGE

FEB - 6 2019



500323766135

01/30/19--01015--006 **78.75

19 JAN 30 PM 4:37
FILED IN 119000001301
CLERK OF COURT
JAN 30 2019

COVER LETTER

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

SUBJECT: Disaster Relief Volunteers, A Veterans Foundation Corporation

(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: Shannon Stahlin

Name (Printed or typed)

315 W Huron St Ste 240

Address

Ann Arbor, MI 48103

City, State & Zip

877-281-6496

Daytime Telephone number

Shwellr6@msn.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: Disaster Relief Volunteers. A Veterans Foundation Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1725 South Nova Road D6, South Daytona FL 32119

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide relief to communities in need after disaster

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Quentin Carter, Director Name and Title: _____

Address: 1197 Bay Drive East Address: _____

Indian Harbour Beach FL32937

Name and Title: Dillard Johnson, Director Name and Title: _____

Address: 5482 Trakia Trail Address: _____

Port Orange, FL 32128

Name and Title: Ancel Robinson, Director Name and Title: _____

Address: 2799 Beckwith St Address: _____

Deltona, FL 32738

19 JAN 30 PM 4:37

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: Ancel Robinson
Address: 2799 Beckwith St.
Deltona, FL 32738

19 JAN 30 PM 4:37
FILED
CLERK OF COURT
JAN 30 2018
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ancel Robinson
Address: 2799 Beckwith St.
Deltona, FL 32738

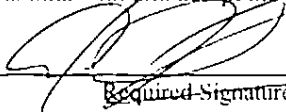
ARTICLE VIII EFFECTIVE DATE:

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.

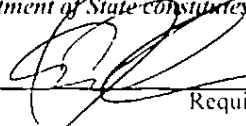
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:



Required Signature of Registered Agent

11/28/2018
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.



Required Signature of Incorporator

11/28/2018
Date