## N19000004489

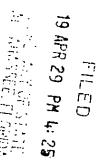
(Re	equestor's Name)	
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## **COVER LETTER**

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

SUBJECT: The Alliance of Lao Veteran Families of Florida, Inc.

		ADDITIONAL COPY REQUIR	
	Status	I .	
	Certificate of Status	& Certified Copy	Certified Copy & Certificate
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
<b>□ \$</b> 70.00	<b>3</b> \$78.75	□\$78.75	<b>☎ \$</b> 87.50

FROM: Hank Cheranichit
Name (Printed or typed)

5767 N

Address

St. Petershurg, FL, 33709

Gir, State & Zip

Paytime Telephone number

hank Cheranichit
Name (Printed or typed)

Address

St. Petershurg, FL, 33709

Gir, State & Zip

Daytime Telephone number

hank Cheranichite

hank Cheranichite
Name (Printed or typed)

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 The name of the	NAME ne corporation	n shall be: The Alli	ance of	Lac Veteran Families of Florida, Inc.
ARTICLE II		PAL OFFICE		
5		street address:		Mailing address, if different is:
<u>st</u>	. Peter	sburg, FL 133700	1	
ARTICLE III The purpose f			ne purpos	es of the corporation are to enjuge
				of exclusively charitable activities and
				f the Internal Revenue Code. Recognizating former
		V		Educased Vekrans who resettled in the Stake
<b>-</b> -		•	-	improving The conditions and environmentin wh
			''	ive including improvements in the axes of:
.Health oar Etcran's sc ARTICLE IV	2. Senior	- Care 3. Legal Advice 4. A sacrifices and fina ROFELECTION The manner	Frommic De 1 honors. rin which the di	rectors are elected and appointed: <u>Executive officers</u>
ARTICLE V		OFFICERS AND/OR DIRECTO		J.
Name and Tit	le: <u>X<b>o</b>m</u>	Vorasane, President	Name and Tit	le: Oun heuane Vixayarath, Vice Presiden
Address	<u> 2135</u>	25th AveN	_ Address:	5188 46m ST N
	St. Pete	rshorg, FC, 33713	-	St. Peters burg, FL, 33713
Name and Tit	le: <u>Hank</u>	Cheranichit, Secretary	Name and Tit	le: Thomas Khamphanh, Assistant Secreta
Address	5760	A TOLF	_ Address:	1665 25th Ave N
	5t. Peti	rsburg, FL, 33709	-	st. Petersburg, FL, 33713
Name and Tit	le:Cham"	Billy" Chantha vong For	easure ( Name and Tit	le: Henry Dethavong, Assistant Treasurer
Address	1601 2	6 <sup>m</sup> st. N	_ Address:	5160 6971 Are N.
	St. Pete	rsburg, FL, 33713	-	Pinellas Park, FL, 33781

Name and Title	: <u> </u>	Name and Title:	<del> </del>	
Address		Address:	<del></del>	
Name and Title	::	Name and Title:		
Address	<del></del>	Address:		
		<del></del>		
ARTICI F VI	REGISTERED A GENT			
	Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:		
Name:	Hank Cheranichit	-		
Address:	5760 FIST ST N	<u> </u>		19 AF
	St. Peters wag, FL, 33	709_	HISSWE ASSE	FILE APR 29 P
	INCORPORATOR address of the Incorporator is:		114 114 114	#: □ □
Name:	Hank Cheranichit		養岩	26
Address:	5760 715 8T N			
	51. Petersburg, FL, 33	POF		
Effective date,	if other than the date of filing:/, date is listed, the date must be specific ar	26/2019 (OPTION od cannot be more than five day	-	the filing.)
	ite inserted in this block does not meet the apective date on the Department of State's reco		ents, this date will not be	: listed as the
	amed as registered agent to accept service of familiar with and accept the appointment of			designated in this
	At Children Signature of Registered	1 A comt	4/26/	12019
I submit this do to the Denartm	ocument and affirm that the facts stated here ent of State constitutes a third degree felony	ein are true. I am aware that any	false information submit	Ted in a document
	Alankeheranichit	•	4/26	12019
	Required Signature of Incor	rporator	Date	

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of th	NAME ne corporation shall be: The Allia	ance of	Lac Veteran Families of Florida, Inc.
ARTICLE II	PRINCIPAL OFFICE		
<u>5</u> -	Principal <u>street</u> address:		Mailing address, if different is:
<u>24</u>	· Peterslains FL ,33700	<u> </u>	
ARTICLE III The purpose for		)	es of the conformation are to engage
projectsu	within the meaning of Section ?	5C2((XA) =	if exclusively charitable activities and the lateinal Revenue Code. Reconnecting former deceased Véterans who resettled in the State
	•	• •	insproving The postitions and environmenting
		17	ive including improvenents in the ages of:
.Health care reteran's sc <u>ARTICLE IV</u>	rvice and sacrifices and fina	Francomic Dew 1 Honors. in which the dire	ectors are elected and appointed: Fxecutive officers
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u>ORS</u>	
Name and Titl	le: Xam Vorasane President	Name and Title	:: Oun he u ane Vixayarath, Vice Preside
Address	2135 25 Th AKEN		5188 45m ST N
	St. Petersburg, Fl ,33713		St. Peters burg, FL, 33713
Name and Titl	le: Hank Cheranichit Secretary	Name and Title	:Thomas Khamphanh Assistant Searct
Address	5760 715T N	Address:	1665 25TAWN
	St. Petersburg FL, 33709		st, Peterstorg, FL, 33713
Name and Titl	le: Cham "Billy " Chantha veng Fre	Name and Title	: Henry Dethausing Assistant Treasurer
Address	1601 26m st. N		• ,
	St. Petersburg, FL, 33713		Pinellas Park, FL, 33781

Name and Title	:: N	Name and Title:	
Address	A	Address:	
		<del></del>	
Name and Title	n. NI	Name and Trial	
		Name and Title:	
Address	A	Address:	
		<del></del>	
ARTICLE VI The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	table) of the registered agent is:	
Name:	Hank Cheranichit		
Address:	5760 71ST ST N		
	St. Perers Ding, FL, 3370		
		<del></del>	
	INCORPORATOR address of the Incorporator is:		
Name:	Hank Chercinichit		
Address:	5760 718 ST N	<u>-</u>	
	51. Petersburg, FL, 3390	109	
	I EFFECTIVE DATE:		
	if other than the date of filing: 4/26 e date is listed, the date must be specific and c	(OPTIONAL) cannot be more than five days prior or 90 days after the filing	ıg.)
Note: If the date document's effe	ate inserted in this block does not meet the applications of the Department of State's records	licable statutory filing requirements, this date will not be listed as	s the
	•		
Having been no certificate, I am	named as registered agent to accept service of paint and accept the appointment as re	f process for the above stated corporation at the place designat registered agent and agree to act in this capacity	ed in this
			1 < 1
-	Required Signature of Registered Ag	Agent $\frac{4/26/20}{Date}$	19
I submit this do	ocument and affirm that the facts stated herein a	n are true. I am aware that any false information submitted in a	document
w ine Departme	ent of State constitutes a third degree felony as p	provided for in s.817.155, F.S.	
	Required Signature of Incorpora	$\frac{4/2t/2t}{\text{Parte}}$	19
	1 - 2 01 months	Date	