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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CORSOS FOR HEROES, INC.

- ☒ Art of Inc. File\_\_\_\_\_
- \_\_\_\_ LTD Partnership File\_\_\_\_\_
- \_\_\_\_ Foreign Corp. File\_\_\_\_\_
- \_\_\_\_ L.C. File\_\_\_\_\_
- \_\_\_\_ Fictitious Name File\_\_\_\_\_
- \_\_\_\_ Trade/Service Mark\_\_\_\_\_
- \_\_\_\_ Merger File\_\_\_\_\_
- \_\_\_\_ Art. of Amend. File\_\_\_\_\_
- \_\_\_\_ RA Resignation\_\_\_\_\_
- \_\_\_\_ Dissolution / Withdrawal\_\_\_\_\_
- \_\_\_\_ Annual Report / Reinstatement\_\_\_\_\_
- \_\_\_\_ Cert. Copy\_\_\_\_\_
- \_\_\_\_ Photo Copy\_\_\_\_\_
- \_\_\_\_ Certificate of Good Standing\_\_\_\_\_
- \_\_\_\_ Certificate of Status\_\_\_\_\_
- \_\_\_\_ Certificate of Fictitious Name\_\_\_\_\_
- \_\_\_\_ Corp Record Search\_\_\_\_\_
- \_\_\_\_ Officer Search\_\_\_\_\_
- \_\_\_\_ Fictitious Search\_\_\_\_\_
- \_\_\_\_ Fictitious Owner Search\_\_\_\_\_
- \_\_\_\_ Vehicle Search\_\_\_\_\_
- \_\_\_\_ Driving Record\_\_\_\_\_
- \_\_\_\_ UCC 1 or 3 File\_\_\_\_\_
- \_\_\_\_ UCC 11 Search\_\_\_\_\_
- \_\_\_\_ UCC 11 Retrieval\_\_\_\_\_
- \_\_\_\_ Courier\_\_\_\_\_

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Signature \_\_\_\_\_

Requested by: Seth  
Name \_\_\_\_\_ Date 09/06/19 Time \_\_\_\_\_

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# COVER LETTER

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

SUBJECT: CORSOS FOR HEROES, 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: Peter J. Hobson, Esq  
Name (Printed or typed)

500 E. Kennedy Blvd Suite 200  
Address

Tampa FL 33602  
City, State & Zip

813-622-0000  
Daytime Telephone number

Peter @ PJHobson.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: CORSDS FOR HEROES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

907 Whitaker Rd.  
Lutz, FL 33549

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide service dogs  
for veterans of the military, to provide training  
to certify service dogs for veterans.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

HALY TORO

President

Address

907 Whitaker Rd.  
Lutz, FL 33549

Name and Title:

Virginia Sweet

Treasurer - Secretary

Address

907 Whitaker Rd.  
Lutz, FL 33549

Name and Title:

Name and Title:

Address

Address:

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Peter J. Hobson, Esq.  
 Address: 801 Ben Leonard Dr  
Tampa, FL 33617

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Peter J. Hobson, Esq.  
 Address: 801 Ben Leonard Dr.  
Tampa, FL 33617

**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

9/5/19  
 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

9/5/19  
 Date

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