

N19000012267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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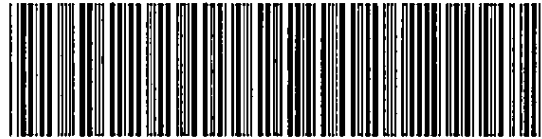
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

**SUBJECT:** Scuba Troops, 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:** Christine Gabriel-Hernandez  
Name (Printed or typed)

1841 Aires Street  
Address

Sebastian, FL 32958  
City, State & Zip

305-949-2190  
Daytime Telephone number

cgabriel202@gmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE  
DIVISION OF CORPORATIONS

**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: Scuba Troops Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1841 Aires Street, Sebastian, FL 32958

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The specific purpose for which the corporation is organized exclusively for  
charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations  
that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue code, or the corresponding section of any future  
tax code. The organization's sole purpose is to provide veterans, first responders, and active duty members of the military, and others  
dealing with the effects of Post-Traumatic Stress Disorder (PTSD), with scuba training, research, and scuba diving experiences which  
will mitigate or reduce the effects of PTSD.

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

Annual Meeting

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

Name and Title: Roberto D. Hernandez II

Name and Title: Christine Gabriel-Hernandez

Address: President

Address: Secretary

1851 Aires Street

1841 Aires Street

Sebastian, FL 32958

Sebastian, FL 32958

Name and Title: David L. Jones

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

Address: Vice President

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

1851 Aires Street

Sebastian, FL 32958

Name and Title: Gabrielle Hernandez

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

Address: Trustee

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

7725 Pine Springs Drive

Orlando, FL 32819

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FL

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: Christine Gabriel-Hernandez

Address: 1841 Aires Street

Sebastian, FL 32958

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Christine Gabriel-Hernandez

Address: 1841 Aires Street

Sebastian, FL 32958

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1ST DISTRICT  
SEBASTIAN, FLORIDA

**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*

Christine Gabriel-Hernandez  
Required Signature of Registered Agent

11/11/2019  
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.*

Christine Gabriel-Hernandez  
Required Signature of Incorporator

11/11/2019  
Date