

N20000000449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

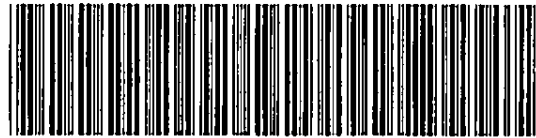
(Business Entity Name)

(Document Number)

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

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12/23/19--01037--007 \*\*70.00

## COVER LETTER

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

SUBJECT: Veteran's Business Coalition *INC.*  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

x \$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: Jonathon Black  
Name (Printed or typed)

811 NW 207 st  
Address

Miami Gardens Florida 33169  
City, State & Zip

305-300-9812  
Daytime Telephone number

Jroyce65@gmail.com  
E-mail address: (to be used for future annual report notification)

**FILED**  
2019 DEC 23 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: Veteran's Business Coalition INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

795 NW 111 Street

2365 NW 182 terr

Miami Florida 33169

Miami Gardens Fla 33056

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Veteran's Support and Outreach Organization

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Majority Vote by Lead Sponsors.

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

Name and Title: Robert Hemingway Jr. (President) Name and Title: \_\_\_\_\_

Address 795 NW 111 st Address: \_\_\_\_\_

Miami Florida 33167

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

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

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

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

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2019 DEC 23 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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 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: Jonathon Black  
 Address: 811 NW 207 st  
Miami Gardens Florida

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert Hemingway JR  
 Address: 795 NW 111 st  
Miami Florida 33167

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 TALLAHASSEE, FL

**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*

Jonathon R Black  
 Required Signature of Registered Agent

12-20-19  
 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.*

Robert Hemingway Jr.  
 Required Signature of Incorporator

12/8/19  
 Date