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December 23, 2019

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

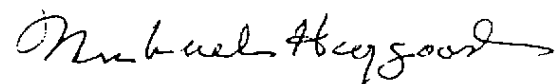
Re: Articles of Incorporation

Gentlemen:

Enclosed are the Articles of Incorporation for Veteran Benefit Services Inc., a non-profit corporation I am starting. I just dissolved my for profit corporation of the same name on Friday, so I still own the name. I was informed that, in order to keep the same corporate name as my old corporation, I should send the Articles of Incorporation by mail along with a letter explaining that Veteran Benefit Services Inc., now dissolved, was my corporation, that I still own the name, and that I want my new non-profit corporation to have that name.

Thank you for your cooperation and assistance in this matter.

Very truly yours,

A handwritten signature in black ink, reading "Michael Haygood". The signature is written in a cursive style with a long, sweeping underline.

Michael Haygood
10186 South Lake Drive
Largo, FL 33773



[Department of State](#) / [Division of Corporations](#) / [Start a Business](#) / [Start E-filing](#) / [Florida Nonprofit Filing](#) /

Florida Nonprofit Filing

Filing Information

If an effective date is required for this filing, enter here 01 /01 /2020 (MM/DD/YYYY) What is an effective date?

Required Filing Fees: \$70.00

Certificate of Status ☒ \$8.75 (Optional) What is a certificate of status?

Certified Copy ☒ \$8.75 (Optional) What is a certified copy?

Corporate Name Veteran Benefit Services Inc.

(Name must include suffix such as "Corporation" or "Corp", "Incorporated" or "Inc.". A non-profit entity cannot use "Company" or "Co..")

Manner in which directors are elected:

☒ As provided for in the bylaws.

- OR -

List specific manner of election or appointment of directors in space below.

As provided for in the bylaws.

Principal Place of Business (The principal address must be a street address)

Address 10186 South Lake Drive

Suite, Apt. #, etc.

City, State Largo , FL

Zip Code & Country 33773

Mailing Address

If your corporate mailing address is the same as the principal address above, please check the box below. Otherwise, enter your corporate mailing address.

☐ Mailing address same as principal address

Address P.O. Box 4946

Suite, Apt. #, etc.

City, State Seminole , FL

Zip Code & Country 33775

Name And Address of Registered Agent What is a registered agent?

Name	Haygood	,	Michael	,	
	Last Name		First Name		Initial
					Title (Sr., Jr., etc.)

- OR -

Business to serve as RA

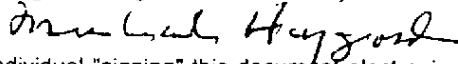
(Must be different from entity name being filed)

Address 10186 South Lake Drive

(PO Box not acceptable)

Suite, Apt. #, etc.**City, State** Largo, FL**Zip Code & Country** 33773 US

The Registered Agent must type their name in the 'Registered Agent Signature' block below. RA signature **MUST** be an individual name. If the RA is a business entity, an individual must sign on the entity's behalf. **Do not enter the name of the entity you are attempting to file as Registered Agent.** A business entity cannot serve as its own RA.

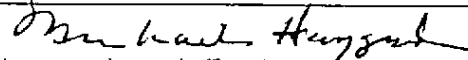
Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s. 831.06, F.S.

Notice of Annual Report

This corporation must file an Annual Report with the Division of Corporations between January 1st and May 1st of every year to maintain "active" status. The corporation's first annual report will be due between January 1st and May 1st of the calendar year following the year the corporation is formed and must be filed online. The fee to file a Corporation Annual Report is \$61.25. Reminder notices to file the Annual Report will be sent to the e-mail address you provide in these articles.

Incorporator Name And Address

Name Michael Haygood**Address** 10186 South Lake Drive**Suite, Apt.#, etc.****City, State & Zip Code** Largo, FL 33773**Electronic Signature of Incorporator**

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Corporate Purpose

(Maximum of 240 characters.)

Any and all lawful business,
particularly assisting U.S. military
veterans with claims and benefits due
them.

131 characters remaining

Correspondence Name And E-mail Address Why do you need my e-mail address?

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing and future annual report notices will be sent.

Name Michael Haygood**E-mail Address** vbsservices19@gmail.com**Re-enter E-mail Address** vbsservices19@gmail.com

Officer/Director Name And Address

List the name and address of each officer/director now. A non-profit corporation must have 3 directors at all times. This information is required to open most bank accounts and to obtain workers' comp exemption. Once this document is filed, any changes will require an amendment and an additional \$35.00 filing fee.

Title P (P, VP, etc...)

Name Haygood , Michael ,
Last Name First Name Initial Title (Sr., Jr., etc.)
- OR -

Business Name to serve as Officer

Street Address 10186 South Lake Drive
City, State Largo , FL
Zip Code & Country 33773

Title VP (P, VP, etc...)

Name Fuste , Michael ,
Last Name First Name Initial Title (Sr., Jr., etc.)
- OR -

Business Name to serve as Officer

Street Address 12119 Murray Avenue
City, State Seminole , FL
Zip Code & Country 33778

Title Sec (P, VP, etc...)

Name Haygood , Donna , G ,
Last Name First Name Initial Title (Sr., Jr., etc.)
- OR -

Business Name to serve as Officer

Street Address 10186 South Lake Drive
City, State Largo , FL
Zip Code & Country 33773

Title (P, VP, etc...)

Name , ,
Last Name First Name Initial Title (Sr., Jr., etc.)
- OR -

Business Name to serve as Officer

Street Address
City, State
Zip Code & Country

Title (P, VP, etc...)

Name

Last Name

First Name

Initial

Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

Zip Code & Country

Title (P, VP, etc...)

Name

Last Name

First Name

Initial

Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

Zip Code & Country

Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.

Continue

Reset