



## COVER LETTER

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

SUBJECT: Corp Hambone 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: Dolmerine Hamilton  
Name (Printed or typed)

12425th Pine Island Rd  
Address  
Ste 42 # 329  
Cape Coral FL 33991  
City, State & Zip

239 476 0721  
Daytime Telephone number

oef enterprises@gmail.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: Camp Hambone Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

5300 Game Bird Ln 124d Sh Pine Island Rd  
Bokkeelia FL 33922 Ste 42 #329  
Cape Coral FL 33991

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A veteran based organization  
providing services and opportunity. We wish to  
use our land and assets to provide assistance transitioning  
veterans into housing and employment.

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

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

Name and Title:	<u>Polmerine Hamilton</u>	Name and Title:	<u>OEF Enterprises</u>
Address	<u>5300 Game Bird Ln</u> <u>Bokkeelia FL 33922</u>	Address:	<u>5300 Game Bird Ln</u> <u>Bokkeelia FL 33922</u>

Name and Title:	<u>Team Hambone</u>	Name and Title:	
Address	<u>5300 Game Bird Ln</u> <u>Bokkeelia FL 33922</u>	Address:	

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: Polmerine Hamilton  
Address: 5300 Gane Blvd Ln  
Bokeelia FL 33991

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Polmerine Hamilton  
Address: 5300 Gane Blvd Ln  
Bokeelia FL 33991

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/01/2020 (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/Registered Agent

12/18/19  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

12/18/19  
Date



**DEPARTMENT OF VETERANS AFFAIRS**  
810 Vermont Ave NW  
Washington, D.C. 20420

December 03, 2019

Polmerine Hamilton II  
1242  
Sw Pine Island Rd  
Ste 42 #329  
Cape Coral, FL 33991

In Reply Refer to:  
xxx-xx-2438  
27/eBenefits

Dear Mr. Hamilton:

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

**Personal Claim Information**

Your VA claim number is: xxx-xx-2438

You are the Veteran.

**Military Information**

Your most recent, verified periods of service (up to three) include:

Branch of Service	Character of Service	Entered Active Duty	Released/Discharged
Marine Corps	Honorable	January 04, 2005	October 20, 2005

(There may be additional periods of service not listed above.)

**VA Benefit Information**

You have one or more service-connected disabilities: Yes

Your combined service-connected evaluation is: 100%

You are considered to be totally and permanently disabled due solely to your service-connected disabilities: Yes

The effective date of when you became totally and permanently disabled due to your service-connected disabilities: March 22, 2019

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

**How You Can Contact Us**

- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-