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Office Use Only



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COVER LETTER

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

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

\$\frac{1}{4}\$ \$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: Polynerine Hanilton
Name (Printed or typed)

12ta She Dine Island Rd 5te 92 # 329 Address

Cape Congl FL 33991

239 47 6 0721

Davtime Telephone number

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

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:	inhone Inc
ARTICLE II PRINCIPAL OFFICE	
	Mailing address, if different is: 4 134 d Sh Pine Island Red 4 51e42 # 3d9 Cape Cong/ FL 33991
ARTICLE III PURPOSE	reteran based ogsaizetion
providing Services grussed is: 21 providing Services grussed into housing and asset weterens into housing an	s to provide assistance trasitioni.
ARTICLE IV MANNER OF ELECTION The manner	in which the directors are elected and appointed: election
ARTICLETY MANNER OF ELECTION THE HRHIBET	in which the directors are elected and appointed.
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	<u>RS</u>
Name and Title: Polnerine Han Han	Name and Title: OEF Enterprises
Address 5300 Gene 6: rd In Bokee 1: q FL 339d2	Address: 5300 Gg 72 6. no/6 50/10/19 FL 33922
Name and Title: Team Hanbone	Name and Title:
Address 5300 Game Gindly Rokarlia FL3392	Address:
Name and Title:	Name and Title:
Address	Address:

ARTICLE VII REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: For Registered agent is: Name: For Registered agent is: Address: 5300 Gane 8:04 Ln Bokeelia FL 33991 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Sage Registered & Sage Ln Address: Sage Registered & Sage Ln Bokeelia FL 33991 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: Sage Registered agent and gree to act in this block does not meet the applicable statutory filing requirements, this date will not be list 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 certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, E.S.	Name and Title	Name and Title:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name:		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Power is Hamilton Hamil	Address	Address:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Doctor Grant Grant		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Doctor Grant Grant		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: PORCIAL Hamilton Address: 5300 Gane Bing Landow Address: 5300 Gane Bing Landow Address: 5300 Gane Bing Landow Address: Sandow		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: PORCIAL Hamiley A. Address: 5300 Gene 6:00 Ln Bokeelia Ln Address: S309 Cene 6:00 Ln Address: S309 Cene 6:00 Ln Address: S309 Cene 6:00 Ln Bokeelia Ln Bokeelia Ln Bokeelia Ln Bokeelia Gene 6:00 Ln Coptional) (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 list 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 certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submittee	ARTICLE VI REGISTERED AGENT	
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Effective date, if other than the date of filing: \(\frac{1}{0.0000000000000000000000000000000000	Address: SSVS CGMC	<u> </u>
Effective date, if other than the date of filing: \(\frac{1}{0.0000000000000000000000000000000000	Bokeelia F	<u> 33441</u>
Effective date, if other than the date of filing: O/O/O/O/O/O/O/O/O/O/O/O/O/O/O/O/O/O/O/		, .
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	document to the Department of State constitute.	a third degree felony as provided for in s.817.155, F.S.
	Required Signature/Incorporator	



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 January 04, 2005 Cotober 20, 2005

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

VA Benefit Information

You have one or more service-connected disabilities:

Your combined service-connected evaluation is:

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

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 https://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-