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(Rec	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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20 JAN 29 SH 4: 37

COVERLETTER

20 JAN 29 8H 8: 37

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

SUBJECT:	Compassionate Warriors, Inc
SUBJECT	(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 CO	OPY REQUIRED

FROM:	Tina M Gray		
r KONI.	Name (Printed or typed)		
	2766 Sam Hardwick Blvd		
	Address		
	Jacksonville, FL 32246		
	City, State & Zip		
	(904) 997-8661		
	Daytime Telephone number		
	tinagray@comcast.net		
ï	F-mail address: tro be used for future annual report notification:		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF 18 CORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

The name of th	e corporation shall be:			
ARTICLE II	PRINCIPAL OFFICE		20 JAN 2 9	ā居 4: 3 7
2766	Principal <u>street</u> address: Sam Hardwick Blvd, Jacksonville, FL 32		Mailing address, if different is:	
including, for	PURPOSE or which the corporation is organized is: such purposes, he making of distributions to \$501 (c)(3) if the Internal Revenue Code, or th	organizations that quali	fy as exempt organizations	fic purposes
Dissolution of	Asset Provision- Upon the dissolution of the	corporation, assets sha	ll be distributed for one or more	exempt
purposes withi	in the meaning of section 501(c)(3) of the inte	ernal revenue code or co	orresponding section of any futu	re federal
tax code ARTICLE IV		_		
ARTICLE IV APOONGA	INITIAL OFFICERS AND/OR DIRECTO	L COLPOIAF PRS Name and Title:		
ARTICLE IV IRTICLE V Name and Title	Gray. Tina M (President 270) 2766 Sam Hardwick Blvd Jacksonville, FL 32246	Name and Title: Name and Title: Name and Title:	iòn	

Name and Tith	e: Name and Titl	e:
Address	Address:	<u> </u>
		20 JAN 29 6# 8: 37
Name and Tith	e: Name and Titl	2:
Address	Address:	
	REGISTERED AGENT	taranda comita
the name and	Florida street address (P.O. Box NOT acceptable) of the reg Tina M Gray	istered agem is:
Name:		
Address:	2766 Sam Hardwick Blvd	
	Jacksonville, FL 32246	
	INCORPORATOR address of the Incorporator is: Tina M Gray	
Address:	2766 Sam Hardwick Blvd	
redicis.	Jacksonville, FL 32246	
	I EFFECTIVE DATE: if other than the date of filing: 01/2/2020 e date is listed, the date must be specific and cannot be mo	(OPTIONAL) ore than five days prior or 90 days after the filing.)
	ate inserted in this block does not meet the applicable statutor ective date on the Department of State's records.	y filing requirements, this date will not be listed as the
	named as registered agent to accept service of process for the appointment as registered age.	
The second second	Cell Sel	01/02/2020
	Required Signature of Registered Agent	Date
	ocument and affirm that the facts plated herein are true. I an nent of State constitutes a third degree felony as provided for i	
	SW MISEL	01/02/2020
	Required Signature of Incorporator	Date
	/	