

# N200000009791

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

## FLORIDA PROFIT/NON PROFIT CORPORATION

Wounded Crane Foundation Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2020 AUG 27 PM 4:48

FILED

2020 AUG 27 PM 3:39

Divisions  
REGISTRATION  
SERVICES

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Wounded Crane Foundation Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

7901 4th St N

STE 300

St. Petersburg FL 33702

Mailing address, if different is:

7901 4th St N

STE 300

St. Petersburg FL 33702

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Charitable donations, Food and Medical Aid for the people of Venezuela.

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

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

Name and Title: Gustavo Garcia, Director

Address: 7901 4th St N STE 300  
St. Petersburg, FL USA 33702

Name and Title: Nolberto Garcia, Director

Address: 7901 4th St N STE 300  
St. Petersburg, FL USA 33702

Name and Title: Abraham Garcia, Director

Address: 7901 4th St N STE 300  
St. Petersburg, FL USA 33702

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

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

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

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

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

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

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2020 AUG 27 PM 4:48  
CLERK OF DISTRICT COURT  
HALL AND ASSOCIATES, P.A.

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

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

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\_\_\_\_\_

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

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

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Northwest Registered Agent LLC

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Morgan Noble

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

**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*

Tom Glover  
Required Signature of Registered Agent

8/25/20

\_\_\_\_\_  
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.*

Morgan Noble  
Required Signature of Incorporator

8/25/20

\_\_\_\_\_  
Date