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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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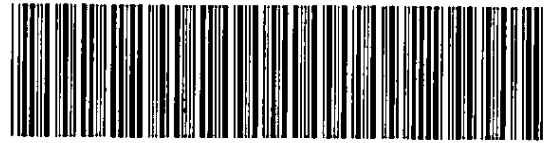
(Business Entity Name)

(Document Number)

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Derrick Thompson

## COVER LETTER

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

SUBJECT: Chronic Warriors Org, 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: Dawn Boyesen-Veselka  
Name (Printed or typed)

1439 Twin Rivers Blvd  
Address

Duval, FL 32766  
City, State & Zip

407-221-7720  
Daytime Telephone number

dawnveselka@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: Chronic Warriors Org, inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1439 Twin Rivers Blvd.

Orlando, FL 32766

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: See attached for full purpose  
Statement.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: as provided  
in the bylaws.

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

Name and Title: Dawn Boyesen Veselka P.T. Name and Title: \_\_\_\_\_

Address: 1439 Twin Rivers Blvd Address: \_\_\_\_\_

Orlando, FL 32766

Name and Title: Edward Hogg, VP Name and Title: \_\_\_\_\_

Address: 6104 Old Scott Lake Rd. Address: \_\_\_\_\_

Lakeland, FL 32813

Name and Title: Diana Boyesen S. Name and Title: \_\_\_\_\_

Address: 892 Wesson Dr. Address: \_\_\_\_\_

Casselberry, FL 32707

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to support those living with chronic illness and/or rare diseases. Said organization is organized exclusively of charitable and educational purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

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: Dawn E Boyesen-Veselka

Address: 1439 Twin Rivers Blvd  
Oviedo, FL 32766

**ARTICLE VII INCORPORATOR**

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

Name: Dawn E. Boyesen-Veselka

Address: 1439 Twin Rivers Blvd.  
Oviedo, FL 32766

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/18/20 (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*

Dawn E B Veselka  
Required Signature of Registered Agent

8/18/20  
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.*

Dawn E B Veselka  
Required Signature of Incorporator

8/18/20  
Date