

Nal 000000735

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000016791 3))



H210000167913ABC

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To:

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

From:

Account Name : BRYTEBRIDGE CONSULTING, LLC
Account Number : 120200000117
Phone : (407)278-1552
Fax Number : (407)857-9309

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

VelHomes.org, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

12:41PM 01 JAN 2021

2021 JAN 19 PM 2:32

ARTICLES OF INCORPORATION

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

ARTICLE I. NAME

The name of the corporation shall be: Vethomes.org, Inc.

ARTICLE II. PRINCIPAL OFFICE

Principal street address:
7862 W Irlo Bronson Memorial Hwy, Ste 120
Kissimmee, Florida 34747

Mailing address, if different is:
7862 W Irlo Bronson Memorial Hwy, Ste 120
Kissimmee, Florida 34747

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is: Vethomes.org is a transitional housing program that helps U.S. Military

Veterans transition into civilian life after having been in the military for a career or after having been discharged for disability.

We provide temporary rooms up to 9 months at a time and help them through our real estate partner to find and purchase a home or
to find permanent rental housing.

ARTICLE IV. MANNER OF ELECTION The manner in which the directors are elected and appointed: As set forth in the
Bylaws

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barry Grimes-Hardie, President

Address: 7862 W Irlo Bronson Memorial Hwy
Ste 120
Kissimmee, Florida 34747

Name and Title: Deidre Humphries, Treasurer

Address: 7862 W Irlo Bronson Memorial Hwy
Ste 120
Kissimmee, Florida 34747

Name and Title: Helen Jackson, Secretary

Address: 7862 W Irlo Bronson Memorial Hwy
Ste 120
Kissimmee, Florida 34747

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Barry Grimes-HardieAddress: 7862 W Irlo Bronson Memorial Hwy, Ste 120Kissimmee, Florida 34747**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Barry Grimes-HardieAddress: 7862 W Irlo Bronson Memorial Hwy, Ste 120Kissimmee, Florida 34747FILED
2021 JAN 19 PM 2:32
CLERK OF THE COURT
HALL OF RECORDS
TALLAHASSEE, FLORIDA**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*Barry Grimes-Hardie

Required Signature of Registered Agent

1/13/21

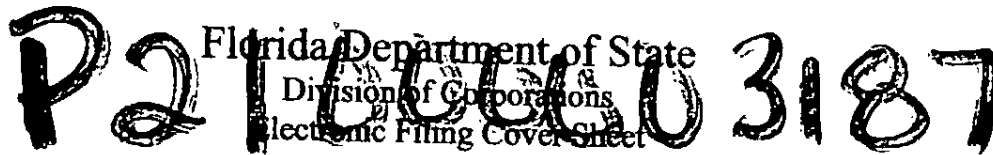
Date

*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.*Barry Grimes-Hardie

Required Signature of Incorporator

1/13/21

Date



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((H21000025168 3)))



H210000251683ABCZ

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
ARANTZA'S SUPPLIES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:ARANTZA'S SUPPLIES INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7751 NW 107TH AVE APT 401
MIAMI FL 33178**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**DULCE CAROLINA CALDERON RONDON (P)
GILDER J MILLAN GUTIERREZ (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

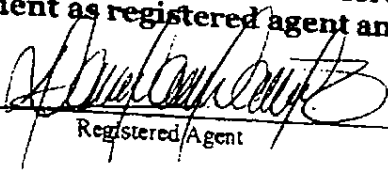
The name and Florida street address (PO Box not acceptable) of the registered agent is:

DULCE CAROLINA CALDERON RONDON
7751 NW 107 AVE APT 401
MIAMI FL 33178**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:DULCE CAROLINA CALDERON RONDON
7751 NW 107 AVE APT 401
MIAMI FL 33178

2021 JAN 19 PM 5:59

Required Signatures:

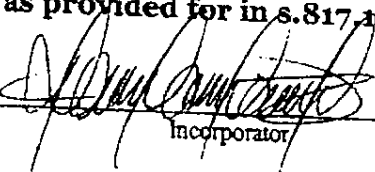
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

01/14/21
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.



Incorporator

01/14/21
Date

2021 JAN 19 PM 6:59