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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK UP

☐

WAIT

☐

MAIL

(Business Entity Name)

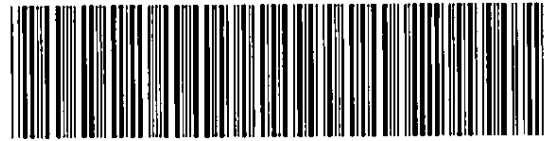
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*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: VETERAN HELPING VETERAN'S  
(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: ED MITCHELL  
Name (Printed or typed)

2509 Ben Court  
Address

Tallahassee FL, 32303  
City, State & Zip

850-590-5353  
Daytime Telephone number

janicekingthequeen@yahoo.com  
E-mail address: (to be used for future annual report notification)

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ED

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

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

Soldiers

ARTICLE I NAME

The name of the corporation shall be:

Veteran Helping Veterans<sup>1</sup> Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2509 Ben Court  
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Herbal Culture / GARDENING  
TO GROW - HARVEST Food to FEED VETERANS  
IN need - And to SELL at Market

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

~~Military Service~~

By The By-Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

JANICE MITCHELL - DIRECTOR

Name and Title:

ED MITCHELL - OFFICER

Address:

2509 Ben Court  
Tallahassee, FL  
32303

Address:

2509 Ben Court  
Tallahassee, FL  
32303

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

2021 MAY 12 PM 3:57

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: Janice Mitchell  
Address: 2509 Ben Court  
Tallahassee, FL 32303

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Janice Mitchell & Ed Mitchell  
Address: 2509 Ben Court  
Tallahassee, FL 32303

**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*

Janice Mitchell  
Required Signature of Registered Agent

5-12-21  
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.*

Janice Mitchell  
Required Signature of Incorporator

5-12-21  
Date