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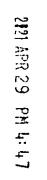
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ROBINSON KENNON & KENDRON, P.A.

BRUCE W. ROBINSON *† KRIS B. ROBINSON JENNIFER C. BIEWEND ATTORNEYS AT LAW
582 WEST DUVAL STREET [32055]
POST OFFICE BOX 1178
LAKE CITY, FLORIDA 32056-1178
Telephone (386) 755-1334
Facsimile (386) 755-1336
www.rkkattorneys.com

THOMAS J. KENNON, III ††
JOHN J. KENDRON
RACHEL C. BUTLER

CHERYLANN PATTERSON, AS, FRP Paralegal to Bruce W. Robinson cp@rkkattorneys.com

April 26, 2021

Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Attention: New Filing Section

Re: Articles of Organization for Tri-County Veteran's Funds, Inc.

Dear Sir or Madam:

Enclosed please find the following:

- 1) Cover Letter to Registration Section;
- 2) Articles of Organization for Florida Limited Liability Company; and
- 3) Check number 1106 in the amount of \$87.50 for the filing fee, certificate of status and certified copy.

Should you have any questions or require additional information, please do not hesitate to contact me.

1 Buch at

Vervitruly yours,

Chefylann/Patterson, AS, FRP

With a Degree in Paralegal Studies to

Bruce W. Robinson

CP/

Enclosures: as stated.

. :

COVER LETTER

Department of State Division of Corporations P. 0. Box 6327

Tallahassee, FL 32314

| SUBJECT: | Tri-County Veteran's Fund, 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 CO | PY REQUIRED |

| FROM: | James Dennis Kennedy | | |
|-------|--|------|--------|
| | Name (Printed or typed) | | |
| | 344 SE Anastasia Street | | |
| | Address | | 5 3 6 |
| | Lake City, FL 32025 | | APR |
| | City, State & Zip | | \sim |
| | 386-466-4727 | - | 9 |
| | Daytime Telephone number | | |
| | JimKennedy1107@yahoo.com | : 12 | ÷. |
| | E-mail address: (to be used for future annual report notification) | ٠. | Q: |

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

ARTICLES OF INCORPORATION

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

| d | 1 R | T | I | C | L | E | 1 | ! | ١ | , | 1 | A | 11 | 1 | L | |
|---|-----|---|---|---|---|---|---|-------|---|---|---|---|----|---|---|--|
| | | | | | | | | | | | | | | | | |

The name of the corporation shall be: Tri-County Veteran's Fund, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

344 SE Anastasia Street

Post Office Box 3636

Lake City, FL <u>32025</u>

Lake City, FL 32055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: (1) to provide assistance to local veterans from all US Military branches who served our country with honor, courage and commitment; (2) to aid local veterans from all branches of service who are in need of our resources for their safety and comfort; (3) to honor our local heroes by providing assistance through our resources for safety and comfort needs; and (4) to help local veterans with assistance for non-medical needs.

ARTICLE IV MANNER OF ELECTION. The manner in which the directors are elected and appointed: shall be elected by participating Members annually.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James D. Kennedy, President & Director

Address: 344 SE Anastasia Street

Lake City, FL 32025

Name and Title: Michael W. Russell, Vice-President

& Director

Address:

567 S.E. Brookwood Drive Lake City, FL 32024

Name and Title: Moira D. Kennedy, Director, Secretary

& Treasurer

Address:

344 SE Anastasia Street

Lake City, FL 32025

ARTICLE VI REGISTERED AGENT

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

Name:

James D. Kennedy

Address:

344 SE Anastasia Street Lake City, FL 32025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name and Title: James D. Kennedy Address: 344 SE Anastasia Street

Lake City, FL 32025

| | ARTICI. | .E VIII | <i>EFFECTI</i> | WE DA <u>T</u> | ^{r}E : |
|--|---------|---------|----------------|----------------|-----------|
|--|---------|---------|----------------|----------------|-----------|

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

Required Signature of Registered Agent

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.

4-26-21 Date

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