

1721000009236

(Requestor's Name)

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(Document Number)

Certified Copies _____ Certificates of Status _____

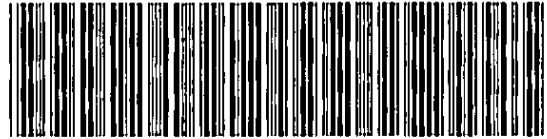
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AUG 03 2021

T. SCOTT



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06/03/21--01004--003 **79.00

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FBI/DOJ



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2021

LARRY HOWARD
12515 LAQUAT WAY
TAMPA, FL 33626

SUBJECT: AMERICA APPAREL FOR AMPUTEES
Ref. Number: W21000086847

We have received your document for AMERICA APPAREL FOR AMPUTEES and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please complete correct articles.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 921A00013262

COVER LETTER

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

SUBJECT: American Apparel for Amputees, 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: Larry D. Howard
Name (Printed or typed)

12515 Loquat Way
Address

Tampa, Florida 33626
City, State & Zip

614-378-2779
Daytime Telephone number

howarddlarry1959@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: American Apparel for Amputees, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

12515 Loquat Way

Tampa, Florida 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist amputees with clothing and helping them overcome community barriers.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Howard, Larry D. - President Name and Title: Harris, Sheldon - Assistant Secretary

Address: 12515 Loquat Way Address: 32691 Dasher Palm Lane
Tampa, FL 33636 Wesley Chapel, FL 33543

Name and Title: Howard, Patricia A. - Treasurer Name and Title: Harris, Lyndsie - Assistant Secretary

Address: 12515 Loquat Way Address: 32691 Dasher Palm Lane
Tampa, FL 33626 Wesley Chapel, FL 33543

Name and Title: Davis, Larry A. - Secretary Name and Title: _____

Address: 2218 Minerva Avenue Address: _____
Columbus, OH 43229

2004 JUL 28 AM 9:00
HARRIS, LINDSIE
HARRIS, SHELDON

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: Howard, Larry D.

Address: 12515 Loquat Way

Tampa, FL 33626

ARTICLE VII INCORPORATOR

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

Name: Howard, Patricia A.

Address: 12515 Loquat Way

Tampa, FL 33636

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

Larry D. Howard
Required Signature of Registered Agent

7-23-2021
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.

Patricia A. Howard
Required Signature of Incorporator

7/23/2021
Date