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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/3/21

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2021 OCT -4 AM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

✓

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: Roselle Loveille

Address: 567 MARCO DR. APT 206  
West PALM BEACH FL 33415

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Roselle Loveille

Address: 567 MARCO DR. APT 206  
West PALM BEACH FL 33415

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10-6-2021 (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.

Roselle Loveille

Required Signature of Registered Agent

10-6-2021

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.

Roselle Loveille

Required Signature of Incorporator

10-6-2021

Date

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TALLAHASSEE, FL  
SECRETARY OF STATE

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

**ARTICLE I NAME**

The name of the corporation shall be: A SOLDIER'S VIEW, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

567 MAND DR. Apt 206  
West Palm Beach  
FL 33415

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to assist Veterans who are  
purchasing homes, starting a business and  
send their kids to college.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Voting

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

Name and Title:

Roselle Leveille (President)

Name and Title:

Address

567 MAND DR. Apt 206  
West Palm Beach  
FL 33415

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY  
TALLAHASSEE, FL  
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