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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

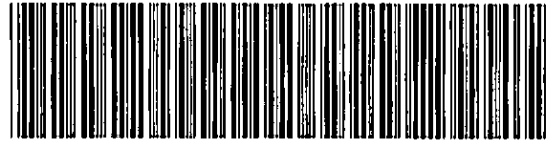
(Document Number)

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Special Instructions to Filing Officer:

W22000052899

Office Use Only



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04/04/22--01018--017 \*\*78.75

2022 APR 29 AM 8:30  
CLERK OF STATE  
ALLAHASSEE, FLORIDA

FILED

*[Handwritten signature]*

## COVER LETTER

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

Paddling for Veterans INC.

**SUBJECT:** \_\_\_\_\_  
(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**

DEPARTMENT OF STATE  
TALLAHASSEE, FL 32314

2022 APR 29 AM 8:30

FILED

Jonas "Paul" Mott

**FROM:** \_\_\_\_\_  
Name (Printed or typed)

35052 Whispering Oaks Blvd

\_\_\_\_\_  
Address

Dade City, FL 33523

\_\_\_\_\_  
City, State & Zip

334-477-6185

\_\_\_\_\_  
Daytime Telephone number

paul@paddlingforvets.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2022

JONAS "PAUL" MOTT  
35052 WHISPERING OAKS BLVD  
DADE CITY, FL 33523 US

SUBJECT: PADDLING FOR VETERANS  
Ref. Number: W22000052899

FILED  
2022 APR 29 AM 8:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PADDLING FOR VETERANS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida non profit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

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 return 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.

Coates Brianna  
Regulatory Specialists II

Letter Number: 122A00009311

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

**ARTICLE I NAME**

Paddling for Veterans *Inc.*

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
35052 Whispering Oaks Blvd

Mailing address, if different is:

Dade City, FL 33523

**ARTICLE III PURPOSE**

To help disabled veterans and their family with free kayaking trips.

The purpose for which the corporation is organized is:

Also to help provide food assistance to veterans and their family.

2022 APR 29 AM 8:30  
CLERK OF STATE  
TAMPA, FLORIDA  
LED

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_ by vote

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

Name and Title: Jonas "Paul" Mott / President *(Signature)* Name and Title: \_\_\_\_\_

Address: 35052 Whispering Oaks Blvd Address: \_\_\_\_\_  
Dade City, FL 33523

Name and Title: Gary Hodges - Director of operations Name and Title: \_\_\_\_\_

Address: 208 County Road 276 Address: \_\_\_\_\_  
Enterprise, AL 36330

Name and Title: Tammy Mott - Director Name and Title: \_\_\_\_\_

Address: 35052 Whispering Oaks Blvd Address: \_\_\_\_\_  
Dade City, FL 33523

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: \_\_\_\_\_  
Jonas Paul Mott  
Address: \_\_\_\_\_  
35052 Whispering Oaks Blvd  
Dade City, FL 33523

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_  
Jonas Paul Mott  
Address: \_\_\_\_\_  
35052 Whispering Oaks Blvd  
Dade City, FL 33523

**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*

\_\_\_\_\_  
Required Signature of Registered Agent

3/30/2022  
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.*

\_\_\_\_\_  
Required Signature of Incorporator

3/30/2022  
Date

FILED  
2022 APR 29 AM 8:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA