

N22000004320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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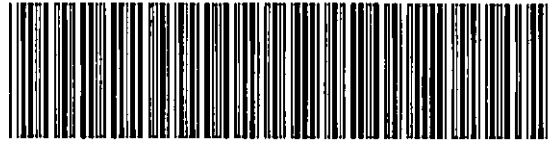
(Business Entity Name)

(Document Number)

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MAY 02 2022

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

**SUBJECT:** Coast to Coast Veterans Association 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:** Skip Durbin  
\_\_\_\_\_  
Name (Printed or typed)  
  
5391 Collins Road  
\_\_\_\_\_  
Address  
  
Jacksonville, Florida 32244  
\_\_\_\_\_  
City, State & Zip  
  
904-264-2833  
\_\_\_\_\_  
Daytime Telephone number  
  
skip03@outlook.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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**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: Coast to Coast Veterans Association Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address: <u>5391 Collins Road</u> <u>Jacksonville, Florida 32244</u>	Mailing address, if different is: _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

" To foster camaraderie among United States Veterans and to serve our veterans, the military, and our communities  
and advocate on behalf of all veterans. "

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

ELECTIONS ARE HELD AT THE ANNUAL MEETING

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

Name and Title: <u>Frank Royal (President)</u> Address: <u>5319 Collins Road</u> <u>Jacksonville, FL 32244</u>	Name and Title: <u>Lawrance Odom (Vice President)</u> Address: <u>5319 Collins Road</u> <u>Jacksonville, FL 32244</u>
Name and Title: <u>Joe Battle (Secretary)</u> Address: <u>5319 Collins Road</u> <u>Jacksonville, FL 32244</u>	Name and Title: <u>Skip Durbin (Tresurer)</u> Address: <u>5319 Collins Road</u> <u>Jacksonville, FL 32244</u>
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Skip Durbin \_\_\_\_\_

Address: 5319 Collins Road \_\_\_\_\_

Jacksonville, FL 32244 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Skip Durbin \_\_\_\_\_

Address: 5319 Collins Road \_\_\_\_\_

Jacksonville, FL 32244 \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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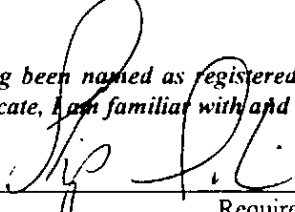
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1 April 2022 (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.)

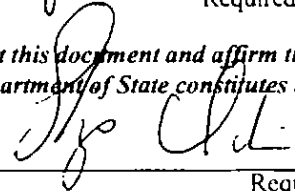
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

4-4-22  
\_\_\_\_\_  
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

4-4-22  
\_\_\_\_\_  
Date

# Article For DISSOLUTION

Upon dissolution of the organization assets shall be distributed for one or more exempt purposes within the meaning of Section (c) 19 or section (c)(3) of the Internal Revenue code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose.

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TALLAHASSEE, FLORIDA