## N2300001600

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## **COVER LETTER**

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

subject: <u>Aus</u>	77 N SPOVCE (PROPOSED CORPO	DRATE NAME - MUST IN	AMILTEN I CLUDE SUFFIX)	FOUNDATION, INC.
Enclosed is an original and	d one (1) copy of the Art  ☐ \$78.75	icles of Incorporation and	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate	
FROM:	KEITH HY	Anicodon (Printed or typed)		
-	3254	QUAIL RIPE. Address	EDR	
	,	FCRM 32428 City, State & Zip	_	
	<u> </u>	39 465 3 time Telephone number		

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

TRIS TATE MKTG (& GNAIL . COM E-mail address: (to be used for future annual report notification)

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

The name of the corporation shall be: A-USTIN SPEN	CER "ASII" HAMILTON FOUNDAME
ARTICLE II PRINCIPAL OFFICE	
Principal <u>street</u> address:	Mailing address, if different is:
3254 BUAIL MALE DR	9.4
CHIPLEY FEORO32428	2AmE
The purpose for which the corporation is organized is: Education	TE the public on the
nood for 126AN DONAT	70N. PROVIDE FINANCIAL
	F ALL BRANCHES OF THE
U.S. ARMED JERVILE	5 NHEN UNDGERGOING
SUCCEPTY OR HOSPITACI	ZATION FOR ORGAN DONATION
TISSUE REPAIR,	
112502 1967	
ARTICLE IV MANNER OF ELECTION The manner in which	n the directors are elected and appointed:
ARTICLETT MANUELLOT EDISCITO.	
TO THE CONTROL OF THE COURSE	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	•
Name and Title: KEITH HAMILTEN - PRESIDENT	and Title:
Address 3259 QUAIL RIOFE Address	38:
CHIPLEY FLORIDA 32428	
	<b>20</b> 2
Name and Title: CLAMY HANIGEN - SECRE	and Vitle:
Address 3254 QUAIL POGG DE Addres	SS:
<u>CHIPLEY FLORIDA</u> 32428	
<del></del>	
Name and Title: Name	and Title:
Address Addre	ess:
-	

Name and Title:	Name and Title:	-
Address	Address:	
_		
	Name and Title:	
Address	Address:	
_		<del></del> -
ARTICI E VI	REGISTERED AGENT	
The name and Flo	lorida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	KEITH HAMILIAN	
Address:	3254 QUAIL PLOGE DR CHIPLEY, FR 32428	
	CHIPITY, PC 32128	202
ARTICLE VII	INCORPORATOR  ddress of the Incorporator is:	~
Name:	KETTH HARLITTEN	
Address:	3254 QUALL POSE DR CHIPURY FAL 32428	:
	CHIPLE, Fd 32428	ਰ` -
ARTICLE VIII	•	£
Effective date, if (If an effective d	EFFECTIVE DATE: f other than the date of filing: Felkvary, 15 2023 (OPTIONAL) 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 document's effect	e inserted in this block does not meet the applicable statutory filing requirements, this ctive date on the Department of State's records.	s date will not be listed as the
certificate Lam	imed as registered agent to accept service of process for the above stated corporate familiar with and accept the appointment as registered agent and agree to act in this	ion at the place designated in this capacity
4	Required Signature of Registered Agent	2/15/2023
		Date
I submit this doc the Department	cument and affirm that the facts stated herein are true. I am aware that any false info of State constitutes a third degree felony as provided for in s.817.155, F.S.	rmation submitted in a document to i
K	Li Hand	2/15/2023
	Required Signature of Incorporator	Date