# N23000010233

(F	Requestor's Name)
( <i>f</i>	Address)
	Address)
(0	City/State/Zip/Phone #)
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-	
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## **COVER LETTER**

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

SUBJECT: LITTLE WA	RRIORS, INC.			
SUBJECT:	(PROPOSED CORPO	RATE NAME - MUST INC	CLUDE SUFFIX)	
Enclosed is an original a	and one (1) copy of the Artic	des of Incorporation and	a check for :	
			a check for .	
<b>≡</b> \$70.00	□ \$78.75	□\$78.75	□ \$87.50	
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,	
	Certificate of Status	& Certified Copy	Certified Copy & Certificate	
		ADDITIONAL CO	DV DEALIDEN	
		L ADDITIONAL CO	FIREQUIRED	
			· · · · · · · · · · · · · · · · · · ·	
<b>D</b> D 0.1	Keri Judge			
FROM:	Name (Printed or typed)			
	### ### ### ### ### ### ### ### ### ##			
	7995 Valley Drive			
		Address	•	
	Keystone Heights, FL 32656			
	City, State & Zip			
	Daytim	e Telephone number		
	littlewarrior5k@gmail.com			
1	-mail address: (to be used for fu			

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

## ARTICLES OF INCORPORATION

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

	e corporation shall be:			
7995	PRINCIPAL OFFICE  Principal street address:  Valley Drive, Keystone Heights, FL 326	56	Mailing address, if differer	nt is:
ARTICLE III The purpose to	PURPOSE r which the corporation is organized is:	To assist families w	ith children in neonatal intensive o	care units of hospitals.
ARTICLE IV	MANNER OF ELECTION The ma	nner in which the di	rectors are elected and appointed:	it the annual meetin;
	MANNER OF ELECTION The mai	CTORS		it the annual meetin;
ARTICLE V  Name and Title	INITIAL OFFICERS AND/OR DIRECT	CTORS  Name and Titl	c:Nicola Cooper, Secretary	it the annual meetin;
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS		at the annual meetin;
ARTICLE V  Name and Title  Address	Haley Balmer, President 1118 St Mary's River Bluff Rd	CTORS  Name and Titl	Nicola Cooper, Secretary  3425 Weaver Rd  Palatka, FL 32177	it the annual meeting

Name and Title	:	Name and Title:	
Address		Address:	
			<u> </u>
Name and Title	*	Name and Title:	
Address		Address:	
			_
IRTICLE VI The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT ac	eceptable) of the registered agent is:	
Name:	Keri Judge		
Address:	7995 Valley Drive		
	Keystone Heights, FL 32656	***************************************	
Name: Address:	Keri Judge 7995 Valley Drive	<del></del>	
	Keystone Heights, Fl. 32656	<del></del>	
Effective date, i	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific	. (OPTIONAL) and cannot be more than five days prior or 90 days a	after the filing.)
<u>Note:</u> If the da locument's effe	te inserted in this block does not meet the retive date on the Department of State's r	e applicable statutory filing requirements, this date will necords.	ot be listed as the
Having been no vertificate, I am	amed as registered agent to accept servi familiar with and accept the appointmen	ce of process for the above stated corporation at the pla t as registered agent and agree to act in this capacity	ace designated in this
7	Required Signature of Register	cd Agent Da	23
submit this doc he Department	cument and affirm that the facts stated he of State constitutes a third degree felony	rein are true. I am aware that any false information subm as provided for in s.817.155. F.S.	nitted in a document to
	Required Signature of Inc		23
1-1-2	Required Signature of Inc	corporator	ate

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

	the corporation shall be:	<u> </u>	·,-	
MICLER	PRINCIPAL OFFICE			
7995	Principal <u>street</u> address: Valley Drive, Keystone Heights, FL 326	156	Mailing address, if differer	nt is:
	Tanay Bire, respicae reignis, r B 520			<del>-</del>
			77	
ARTICLE III	PURPOSE		****	
The purpose fo	or which the corporation is organized is:	To assist families w	th children in neonatal intensive o	care units of hospi
·····		· · · · · · · · · · · · · · · · · · ·		
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···•,			*···	
<del></del>			<del></del>	
ARTICLE IV	MANNER OF ELECTION The ma	nner in which the dir	ectors are elected and appointed:	At the annual meet
RTICLE V	INITIAL OFFICERS AND/OR DIREC	<u>CTORS</u>		At the annual meet
IRTICLE V	INITIAL OFFICERS AND/OR DIRECT Haley Balmer, President	<u>CTORS</u>	Nicola Cooper, Secretary	At the annual meet
I <i>RTICLE V</i> Name and Titl	E: Haley Balmer, President  1118 St Mary's River Bluff Rd	<u>CTORS</u>		At the annual meet
RTICLE V	Haley Balmer, President	CTORS  Name and Title	Nicola Cooper, Secretary	At the annual meet
RTICLE V Same and Titl Address	E: Haley Balmer, President  1118 St Mary's River Bluff Rd  St George, GA 31562	CTORS  Name and Title	Nicola Cooper, Secretary 3425 Weaver Rd	At the annual meet
Name and Titl	E: Haley Balmer, President  1118 St Mary's River Bluff Rd  St George, GA 31562	CTORS  Name and Title Address:	Nicola Cooper, Secretary 3425 Weaver Rd Palatka, FL 32177	At the annual meet
Name and Title  Name and Title  Name and Title	e: Anthony Callaway, Vice President  S6054 Spring Meadow Avenue	CTORS  Name and Title Address:  Name and Title	Nicola Cooper, Secretary 3425 Weaver Rd Palatka, FL 32177	At the annual meet
Name and Title Address Same and Title	e: Anthony Callaway, Vice President  S6054 Spring Meadow Avenue	CTORS  Name and Title Address:	Nicola Cooper, Secretary 3425 Weaver Rd Palatka, FL 32177	At the annual meet
Name and Title  Name and Title  Name and Title	e: Haley Balmer, President  1118 St Mary's River Bluff Rd  St George, GA 31562  e: Anthony Callaway, Vice President  86054 Spring Meadow Avenue	CTORS  Name and Title Address:  Name and Title	Nicola Cooper, Secretary 3425 Weaver Rd Palatka, FL 32177	
Name and Title Address Name and Title Address	e: Haley Balmer, President  1118 St Mary's River Bluff Rd  St George, GA 31562  Anthony Callaway, Vice President  86054 Spring Meadow Avenue  Yulee, FL 32097	CTORS  Name and Title Address:  Name and Title Address:	Nicola Cooper, Secretary  3425 Weaver Rd  Palatka, FL 32177	
Name and Title Address Name and Title Address	e: Haley Balmer, President  1118 St Mary's River Bluff Rd  St George, GA 31562  e: Anthony Callaway, Vice President  86054 Spring Meadow Avenue  Yulee, FL 32097	CTORS  Name and Title Address:  Name and Title Address:	Nicola Cooper, Secretary 3425 Weaver Rd Palatka, FL 32177	
IRTICLE V Name and Titl Address	e: Haley Balmer, President  1118 St Mary's River Bluff Rd  St George, GA 31562  Anthony Callaway, Vice President  86054 Spring Meadow Avenue  Yulee, FL 32097	CTORS  Name and Title Address:  Name and Title Address:	Nicola Cooper, Secretary  3425 Weaver Rd  Palatka, FL 32177	2023

Name and Title		Name and Title:	
Address		Address:	
Name and Title	# <u></u>	Name and Title:	
Address			
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acc	ceptable) of the registered agent is:	
Name:	Keri Judge		
Address:	7995 Valley Drive		
	Keystone Heights, FL 32656		
ARTICLE VII The name and :	INCORPORATOR address of the Incorporator is:		
Name:	Keri Judge		
Address:	7995 Valley Drive	- <del></del>	
7 (11.11) 000,	Keystone Heights, FL 32656		
Effective date, in (If an effective Note: If the date	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific; te inserted in this block does not meet the active date on the Department of State's re-	and cannot be more than five d	ays prior or 90 days after the filing.)
Having been no certificate, Lum		e of process for the above stated as registered agent and agree to a	corporation at the place designated in this act in this capacity    6   13   23     Date
' \	Required Signature of Registered	d Agent	Date
l submit this doc the Department	rument and affirm that the facts stated here of State constitutes a third degree felony as ,	ein are true. I am aware that any j s provided for in s.817.155, F.S.	false information submitted in a document to
$ \star$	Required Signature of Inco		6/13/23 =
, (5)	Required Signature of Inco	rporator	Date &
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			6 13 23 23 Date 20
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## N23000010233

### NAME RELEASE AFFIDAVIT

BEFORE ME, the undersigned authority, appeared KERI JUDGE (hereinafter referred to as the "AFFIANT"), who herein under oath deposes and says:

- 1. This AFFIANT is the Vice President of the now dissolved Florida Profit Corporation, Little Warriors, Inc. (P23000017376).
- 2. The AFFIANT does not plan to reinstate the Florida Profit Corporation, Little Warriors, Inc. (P23000017376), and releases the name Little Warriors, Inc for future use.

I understand that I am swearing or affirming under oath to the truthfulness of the claims in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

KERI<sup>L</sup>JUDGE

STATE OF FLORIDA COUNTY OF CLAY

Sworn to or affirmed and signed before me on this 24th day of August, A.D., 2023, by KERI JUDGE, who physically appeared in person and produced PLDL as identification.

NOTARY PUBLIC STATE OF FLORIDA

