

N23000012934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

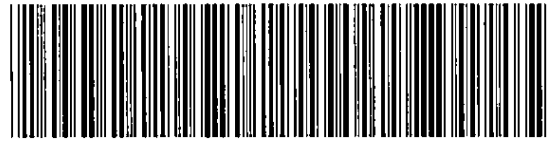
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/23/23--01010--002 **78.75

2023 OCT 23 PM 4:49

COVER LETTER

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

SUBJECT: H2OVERLOAD, 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: NONPROFITABILITY, LLC
Name (Printed or typed)

12033 ALMER LANE
Address

CHESTER, VA 23836
City, State & Zip

804-502-3229
Daytime Telephone number

hello@nonprofitability.org
E-mail address: (to be used for future annual report notification)

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: H2OVERLOAD, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2230 SE19th PLACE

Mailing address, if different is:

CAPE CORAL, FL 33990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide veterans with access to therapeutic water sports and mental health resources. Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(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 for a public purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: directors elect succes

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NATHAN ALMQUIST, PRESIDENT

Name and Title: ARIEL ALMQUIST, TREASURER

Address: 2230 SE 19TH PL
CAPE CORAL, FL 33990

Address: 2230 SE 19TH PL
CAPE CORAL, FL 33990

Name and Title: JUSTIN SPROSTON, VICE PRES.

Name and Title: _____

Address: 7542 COOR ST
GLOUCESTER, VA 23061

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2023 OCT 23 11:49

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: NATHAN ALMQUIST

Address: 2230 SE 19TH PL.

CAPE CORAL, FL 33990

ARTICLE VII INCORPORATOR

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

Name: NATHAN ALMQUIST

Address: 2230 SE 19TH PL.

CAPE CORAL, FL 33990

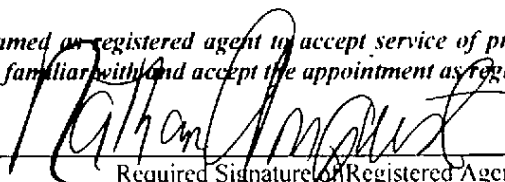
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/15/2023. (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

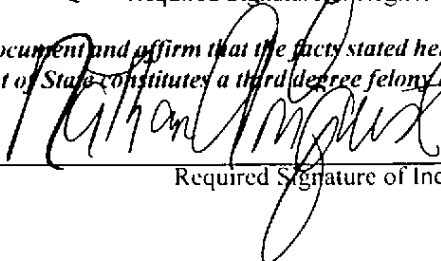


Required Signature of Registered Agent

October 15, 2023

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

October 15, 2023

Date

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HEREIN IS UNCLASSIFIED

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CAPE CORAL, FL 33990

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Address: 2230 SE 19TH PL.
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Name and Title: JUSTIN SPROSTON, VICE PRES.

Address 7542 COOR ST
GLOUCESTER, VA 23061

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

2023 OCT 23 Fri 4:49
notarized
by
notary

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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Address: 2230 SE 19TH PL.

CAPE CORAL, FL 33990

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Name: NATHAN ALMQUIST

Address: 2230 SE 19TH PL.

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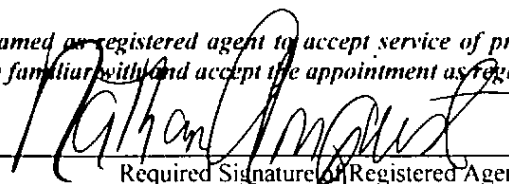
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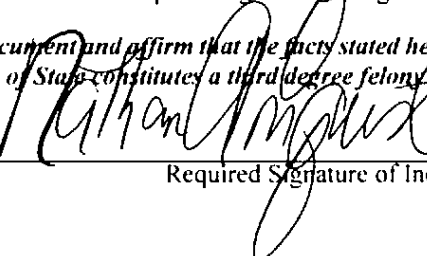


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