

1423000014281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

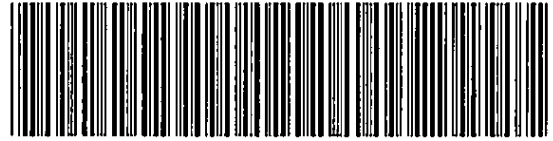
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
OF FLORIDA
SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: PROTECT AMERICAN FAMILIES 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: Processing Department
Name (Printed or typed)

1450 Vassar Street
Address

Reno, NV 89502
City, State & Zip

800-638-2320 ext 2225
Daytime Telephone number

docs@ineauthority.com
E-mail address: (to be used for future annual report notification)

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

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STATE
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FL

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

ARTICLE I NAME

The name of the corporation shall be: PROTECT AMERICAN FAMILIES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3860 US Hwy 1

Grant, FL, 32949

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Protection of American Children & Families

SEE ADDITIONAL ATTACHMENT

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Meghan Walsh, Director

Address: 3860 US Hwy 1
Grant, FL, 32949

Name and Title: Whitney Nichols, Director

Address: 3860 US Hwy 1
Grant, FL, 32949

Name and Title: Gino Hadid, Director

Address: 3860 US Hwy 1
Grant, FL, 32949

Name and Title: Keri Kilgore, Director

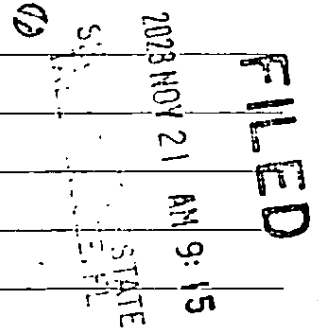
Address: 3860 US Hwy 1
Grant, FL, 32949

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____



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: Inc Authority RA

Address: 390 North Orange Ave., Ste 2300-N

Orlando FL 32801

ARTICLE VII INCORPORATOR

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

Name: Eliana Garcia

Address: 1450 Vassar Street

Reno, NV 89502

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

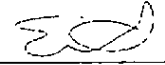


Required Signature of Registered Agent

11/14/23

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

11/14/23

Date

STATE
TALLAHASSEE, FL

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Said organization is organized and operated 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 corresponding section of any future federal tax code.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in these Articles. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(e)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of this 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 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. Any such assets not disposed of shall be disposed of by a Court of this state in which the principal office of this organization is then located, exclusively for such purposes or to such organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

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TALLAHASSEE, FL

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Address: 3860 US Hwy 1
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Name and Title: Keri Kilgore, Director

Address: 3860 US Hwy 1
Grant, FL, 32949

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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FILED

CLERK OF DISTRICT COURT
JACKSONVILLE, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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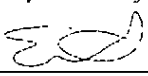


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SECRET
STATE
TALLAHASSEE, FL

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STATE
TREASURER, FL

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