

N24000004380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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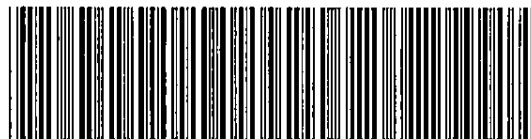
(Business Entity Name)

(Document Number)

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MAR 26 11 00 AM '24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.S.H
4/9/24

COVER LETTER

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

SUBJECT: Well Aligned Heroes 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: Stephanie Paula Murphree
Name (Printed or typed)

5422 LOCKWOOD RIDGE RD
Address

BRADENTON FL 34203-3454
City, State & Zip

(941) 779-6036
Daytime Telephone number

steph.murphree@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
9001 MAR 05 AM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Well Aligned Heroes Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5422 LOCKWOOD RIDGE RD

BRADENTON FL 34203-3454

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We help Manatee and Sarasota counties by providing affordable chiropractic care to active/retired military, law enforcement officers, first responders, teachers and ministry servants so they experience the benefits of spinal alignments.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As per the by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephanie Paula Murphree, President

Address: 5422 LOCKWOOD RIDGE RD
BRADENTON FL 34203-3454

Name and Title: Stephanie Paula Murphree, Director

Address: 5422 LOCKWOOD RIDGE RD
BRADENTON FL 34203-3454

Name and Title: Jon Poss, Treasurer

Address: 5422 LOCKWOOD RIDGE RD
BRADENTON FL 34203-3454

Name and Title: Jon Poss, Director

Address: 5422 LOCKWOOD RIDGE RD
BRADENTON FL 34203-3454

Name and Title: Kristine Cassidy, Secretary

Address: 5422 LOCKWOOD RIDGE RD
BRADENTON FL 34203-3454

Name and Title: Kristine Cassidy, Director

Address: 5422 LOCKWOOD RIDGE RD
BRADENTON FL 34203-3454

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAR 25 AM 1:00

FILED

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: Stephanie Paula Murphree

Address: 5422 LOCKWOOD RIDGE RD

BRADENTON FL 34203-3454

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephanie Paula Murphree

Address: 5422 LOCKWOOD RIDGE RD

BRADENTON FL 34203-3454

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

02 / 29 / 2024

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

02 / 29 / 2024

Date

FILED
MAR 29 2024
DEPARTMENT OF STATE
FLORIDA

Addendum to the Articles of Incorporation

Article IX: Purpose Clause

This organization is organized exclusively for charitable, educational, religious, and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.

Article X: Dissolution Clause

Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively 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. This may include distribution to another tax-exempt organization under Section 501(c)(3), or the assets may be distributed to the federal government, or to a state or local government, for a public purpose.

FILED
MAR 25 10 11 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
JAN 11 2011
FILED

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ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As per the by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Stephanie Paula Murphree, President</u>	Name and Title:	<u>Stephanie Paula Murphree, Director</u>
Address	<u>5422 LOCKWOOD RIDGE RD</u>	Address:	<u>5422 LOCKWOOD RIDGE RD</u>
	<u>BRADENTON FL 34203-3454</u>		<u>BRADENTON FL 34203-3454</u>
<hr/>			
Name and Title:	<u>Jon Poss, Treasurer</u>	Name and Title:	<u>Jon Poss, Director</u>
Address	<u>5422 LOCKWOOD RIDGE RD</u>	Address:	<u>5422 LOCKWOOD RIDGE RD</u>
	<u>BRADENTON FL 34203-3454</u>		<u>BRADENTON FL 34203-3454</u>
<hr/>			
Name and Title:	<u>Kristine Cassidy, Secretary</u>	Name and Title:	<u>Kristine Cassidy, Director</u>
Address	<u>5422 LOCKWOOD RIDGE RD</u>	Address:	<u>5422 LOCKWOOD RIDGE RD</u>
	<u>BRADENTON FL 34203-3454</u>		<u>BRADENTON FL 34203-3454</u>
<hr/>			

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name: Stephanie Paula Murphree

Address: 5422 LOCKWOOD RIDGE RD
BRADENTON FL 34203-3454

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

Name: Stephanie Paula Murphree

Address: 5422 LOCKWOOD RIDGE RD
BRADENTON FL 34203-3454

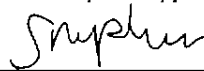
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