

N124000012791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

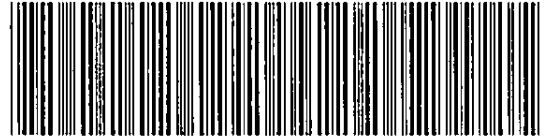
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/05/24--01004--002 **500.00

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: Casan Veterans, 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: Tammellia Bacon
Name (Printed or typed)

2221 Orange Ave. E. #1116
Address

Tallahassee, FL 32311
City, State & Zip

(813) 389-0141 / 850-591-1840
Daytime Telephone number

Mercer.brenda2020@gmail.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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TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: Cosan Veterans, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

18801 N. Dale Mabry Hwy
1020
Lutz, FL 33548

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to empower Veterans by providing them with valuable educational information on securing housing, employment, in the residential services, and resources for housing repair. Through targeted programs and resources, CoSan Veterans aims to address the unique challenges Veterans face in accessing stable housing and meaningful employment.

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CLERK OF STATE
TALLAHASSEE, FL

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: appointed by the President, Brenda Mercer

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brenda Mercer, President

Address: 18801 N. Dale Mabry Hwy
1020
Lutz, FL 33548

Name and Title: Ralph Mercer, Secretary

Address: 18801 N. Dale Mabry Hwy
1020
Lutz, FL 33548

Name and Title: Autumn Mercer, VP/ Treasurer

Address: 18801 N. Dale Mabry Hwy
1020
Lutz, FL 33548

Name and Title: Spencer Gennille, Director

Address: 18801 N. Dale Mabry Hwy #1020
Lutz, FL 33548

Name and Title: Eva Norris, Director

Address: 18801 N. Dale Mabry Hwy
1020
Lutz, FL 33548

Name and Title: Tammellia Bacon, Director

Address: 18801 N. Dale Mabry Hwy
1020 # 1020
Lutz, FL 33548

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: Tammellia Bacon

Address: 2221 Orange Ave. E. #1116

Tallahassee, FL 32311

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DEPT. OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Tammellia Bacon

Address: 2221 Orange Ave. E. #1116

Tallahassee, FL 32311

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

Tammellia Bacon
Required Signature of Registered Agent

11/4/2024
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.

Tammellia Bacon
Required Signature of Incorporator

11/4/2024
Date