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(Deminertal & Name)		
(Requestor's Name)		
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(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

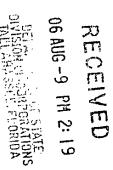
Office Use Only



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COVER LETTER

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

SUBJECT: Veteran Enterprises, Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Thomas D. McGurk		
Name	(Printed or typed)	
6114 Borderline Dr.		
•	Address	
Tallahassee, Florida 32312	2	
City,	State & Zip	
(850)-893-8187		
Daytime T	elephone number	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

FILED

The name of the corporation shall be:

Veteran Enterprises OF NORTH FLORIDA, INC. SECRETARY OF STATE

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6114 Borderline Dr. Tallahassee, Florida 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consultant Services by combat-disabled, Purple Heart recipient veteran. Consult in aviation, aerospace, defense, management and government. Application service provider in software systems design. Software tools for economic development, economic impact analysis and economic disaster recovery by geographic information systems (GIS).

ARTICLE IV SHARES

The number of shares of stock is:

1.000

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Thomas D. McGurk 6114 Borderline Dr. Tallahassee, Florida 32312 President and CEO

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Thomas D. McGurk 6114 Borderline Dr. Tallahassee, Florida 32312

ARTICLE VII INCORPORATOR

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

Thomas D. McGurk 6114 Borderline Dr.

Tallahassee, Florida 32312

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

Signature/Registered Age

Signature/Incorporator

August 9, 2006

Date

August 9, 2006

Date