

PD9000082429

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H09000213884 3)))



H090002138843ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CARLTON FIELDS  
Account Number : 076077000355  
Phone : (813) 223-7000  
Fax Number : (813) 229-4133

FILED  
09 OCT -5 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**VETERANS ACQ, INC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

RECEIVED  
09 OCT -5 PM 3:44  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MRE 10/6

Audit No. H09000213884 3

**ARTICLES OF INCORPORATION  
OF  
VETERANS ACQ, INC**

FILED  
09 OCT -5 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned, acting as incorporator of a corporation under the Florida Business Corporation Act, adopts the following articles of incorporation for such corporation:

**ARTICLE I**

**Name**

The name of the corporation is Veterans ACQ, Inc (the "Corporation").

**ARTICLE II**

**Initial Principal Office and Mailing Address**

The Corporation's initial principal office and mailing address is 4221 West Boy Scout Boulevard, Suite 1000, Tampa FL 33607.

**ARTICLE III**

**Shares**

The Corporation shall have authority to issue 1,000 common shares.

**ARTICLE IV**

**Initial Registered Agent and Office**

The street address of its initial registered office is and the name of its initial registered agent at that address is 4221 West Boy Scout Boulevard, Suite 1000, Tampa, Florida, and the name of its initial registered agent at that address is CFRA, LLC, a Florida limited liability company.

**ARTICLE V**

**Incorporator**

The name and address of the incorporator are:

**Name**

**Address**

Samantha Orender

4221 W. Boy Scout Blvd., Suite 1000  
Tampa, FL 33607

Dated this 5<sup>th</sup> day of October 2009.

  
Samantha Orender, Incorporator

Audit No. H09000213884 3

FILED

09 OCT -5 AM 11:52

**ACCEPTANCE BY REGISTERED AGENT**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Having been named as registered agent and to accept service of process for the Corporation, at the place designated as the registered office, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of my position as registered agent.

Dated this 5<sup>th</sup> day of October 2009.

**REGISTERED AGENT:**

**CFRA, LLC**

a Florida limited liability company

By: Samantha Orender  
Samantha Orender, Authorized Representative  
of CFRA, LLC