## P/6000006/47

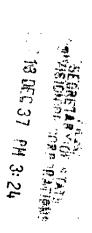
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office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



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## **COVER LETTER**

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

<sub>surject:</sub> Vete	erans Group Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM: M	lichael James	e (Printed or typed)	
32	208 E. Colonial D	• • •	_
_		Address	
0	rlando,Fl 32803 City,	State & Zip	
40	07-923-4134		
	Daytime T	elephone number	

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

michaeljames438@hotmail.com

E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAM The name of the corporat	E Overland Group In Shall be: Veterans Group In	c.	
ARTICLE II PRII	<b>VCIPAL OFFICE</b> Principal <u>street</u> address		Mailing address, if different is:
Orlando,Fl 328	803		
ARTICLE III PURI The purpose for which th	POSE  tax preparation is organized is:	on,notary signin	g agent for mortgages and notary public
<del> </del>			
	RES stock is: 10000 TAL OFFICERS AND/OR DIRECTORS Michael James/CEO		Maria Cruz/CFO
	3208 E. Colonial Drive #299		3208 E. Colonial Drive #299
Address	Orlando,FI 32803	Address:	Orlando,Fl 32803
Name and Title:		Name and Title	·
Address		Address:	
Name and Title		Name and Title	
Address			

Name and	l Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) of	the registered egent is:
	Michael James	nic registered agent is.
Name: Address:	3208 E. Colonial Drive #299	
	Orlando,FI 32803	
ARTICLE VII	INCORPORATOR	
	dress of the Incorporator is:  Michael James	
Name: Address:	3208 E. Colonial Drive #299	
	Orlando,FI 32803	
this certificate. I a	Required Signature/Registered Agent	TARANZOLZI Date  True. I am aware that the false information submitted in a