P1500051800

(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

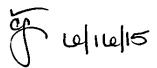
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COVER LETTER

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

SUBJECT: Her	roes Sa	anctuary, Inc.				
Бововет		(PROPOSED CORPOR	ATE NAME - <u>MUST INCL</u> I	UDE SUFFIX)		
Enclosed are an	origi	nal and one (1) copy of the ar	ticles of incorporation and	l a check for:		
☐ \$70.0 Filing Fo		■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	:	
			ADDITIONAL CO	OPY REQUIRED		
	Coel	Pallone				
FROM	Cari		ne (Printed or typed)			
	7305	Janczlik Dr.	ie (Frinced of Typed)			
			Address	***		
	New	Port Richey, Fl. 34652			15 JUN	
City, State & Zip						
	727-	542-6317			0	
Daytime Telephone number				2	O	
	cpall	one123@yahoo.com		The state of the s	ά	
		E-mail address: (to be us	ed for future annual report	notification)	4*	

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)

FILED

ARTICLE I NAM The name of the corpo		15	JUN 10 PH 3. 1
ARTICLE II PRIN	Principal street address	Mailing address, if diff	
7305 Janczlik Dr.		Same	
New Port Richey, Fl.	34652	•	
• •	the corporation is organized is:	npany will be designed to help veterans in n	
Sanctuary will raise n	noney either by receiving donations or pu	ting on some type of event. The purpose is	and will be simple,
to help Veterans and	not to get rich in doing so, as many comp	nies have been doing in the past Heroes	Sanctuary, Inc.
will turn into a non-p	rofit corporation once everything is in pla	ce, then all the proper paper work will be fil	led out to do so.
ARTICLE IV SHA The number of shares of ARTICLE V INIT Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS tle: 7305 Janczlik Dr.	Name and Title:Address:	
	New Port Richey, Fl. 34652		
Name and Tit	le:	Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address		Address:	
		Name and Title:	
Address	•		

Name ar	nd Title:	Name and Title:
Address	s	Address:
	`	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	Carl Pallone	
Address:	7305 Janczlik Dr.	
	New Port Richey, Fl. 34652	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	<u></u> ω
Name:	Carl Palione	
Address:	7305 Janczlik Dr.	
	New Port Richey, Fl. 34652	
Effective date, if (If an effective days after the f	iling.)	annot be more than five business days prior or 90 business able statutory filing requirements, this date will not be listed as
	am familiar with and accept the appointment a	ocess for the above stated corporation at the place designated in s registered agent and agree to act in this capacity Date
I submit this do		are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
	#	6-8-15
Rem	uired Signature/Incorporator C 1 Paul	Date