

P/7000022974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

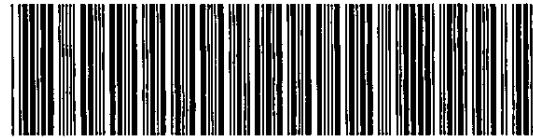
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300296249693

03/13/17--01033--019 **78.75

FILED
17 MAR 13 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 03/07/17

R 03/14/17

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

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

David R. Forward

FROM: _____

Name (Printed or typed)

9233 Museo Circle #201

Address

Naples, FL 34114

City, State & Zip

239 330-2517

Daytime Telephone number

DAVIDRFORWARD@GMAIL.COM

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

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

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

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

ARTICLE I NAME

The name of the social purpose corporation shall be SUPPORTPRESIDENTTRUMP.ORG, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9233 MUSEO CIRCLE #201

Mailing address, if different is:

NAPLES, FL 34114

ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

TO SUPPORT THE ACTIONS AND POLICIES OF THE TRUMP ADMINISTRATION

WHICH WILL ACCRUE TO THE BENEFIT OF AMERICAN CITIZENS

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

Encourage the passage of legislation to benefit of America

ARTICLE IV SHARES

10,000,000

The number of shares of stock is: ...

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: David R. Forward - President

Name and Title: _____

Address 9233 Museo Circle #201

Address: _____

Naples, FL 34114

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
17 MAR 13 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If applicable, BENEFIT DIRECTOR:

Name: David R. Forward

Address: 9233 Museo Circle #201
Naples, FL 34114

If applicable, BENEFIT OFFICER:

Name: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: David R. Forward

Address: 9233 Museo Circle #201

Naples, FL 34114

ARTICLE VII INCORPORATOR

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

Name: David R. Forward

Address: 9233 Museo Circle #201

Naples, FL 34114

FILED
17 MAR 13 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

ARTICLE IX THE EFFECTIVE DATE OF THESE ARTICLES
OF INCORPORATION IS 3/7/2017

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:

David R. Forward

Required Signature/Registered Agent

3/7/2017

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

David R. Forward

Required Signature/Incorporator

3/7/2017

Date