

PI8000035587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

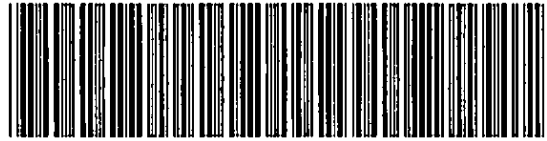
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600310439086

03/20/18--01007--003 \*\*70.00

18 APR 18 PM 3:23  
FALLS CHURCH, VA

N. SAMS

APR 19 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2018 APR 18 PM 12:33  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

March 23, 2018

HIT 4 HEROES INC.  
4395 WILLOW POND CIRCLE  
WEST PALM BEACH, FL 33417

SUBJECT: HIT 4 HEROES INC.  
Ref. Number: W18000028677

18 APR 18 PM 3:25  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for HIT 4 HEROES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

L17000202931

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 518A00005915

## Hit For Heroes Inc.

April 13 2018

Florida Department of State

Division of Corporations

Subject: Hit 4 Heroes Inc.

Ref. Number: W18000028677

Thanks you for your letter dated March 23, 2018. The name that we requested was similar to an entity that was owned by us. Subsequently we have terminated Hit 4 Heroes LLC in order to register Hit 4 Heroes Inc.

I have attached you letter to us along with the original paperwork.

Best Regards,

Brian J. Watkin

18 APR 18 PM 3:23  
MAIL ROOM RECEIVED

# FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

## COVER LETTER

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

Hit 4 Heroes Inc.

**SUBJECT:** \_\_\_\_\_

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 of  
Status

**ADDITIONAL COPY REQUIRED**

Hit 4 Heroes Inc.

**FROM:** \_\_\_\_\_

\_\_\_\_\_  
Name (Printed or typed)

4395 Willow Pond Circle

\_\_\_\_\_  
Address

West Palm Beach, FL 33417

\_\_\_\_\_  
City, State & Zip

561-512-4942

\_\_\_\_\_  
Daytime Telephone number

brian.watkin@hit4heroes.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 Hit 4 Heroes Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4395 Willow Pond Circle

Mailing address, if different is:

West Palm Beach FL

33417

**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:

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

**ARTICLE IV SHARES** 1,000,000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Brian J. Watkin President/Founder

Address: 4395 Willow Pond Circle

West Palm Beach, FL

33417

Name and Title: Joseph Watkin CTO

Address: 3609 Burnside Ave, Apt 9 M

Los Angeles, CA

90036

Name and Title: Howard S Watkin CFO

Address: 10791 Camino Cir

Wellington, FL

33414

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

If applicable, BENEFIT DIRECTOR:

Name : \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Brian J. Watkin  
\_\_\_\_\_

Address: 4395 Willow Pond Circle  
\_\_\_\_\_

West Palm Beach, FL 33417  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

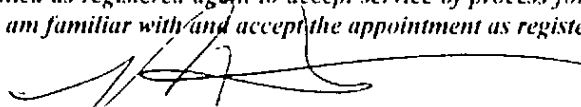
Name: Brian J. Watkin  
\_\_\_\_\_

Address: 4395 Willow Pond Circle  
\_\_\_\_\_

West Palm Beach, FL 33417  
\_\_\_\_\_

**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*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*

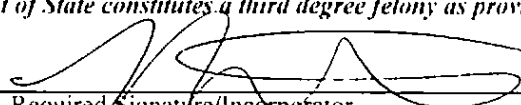


\_\_\_\_\_  
Required Signature/Registered Agent

03/14/18

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

03/14/18

\_\_\_\_\_  
Date

18 APR 18 PM 3:23  
TAMPA, FLORIDA