

N 15000006567

(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:

~~WIS-42855~~

Office Use Only



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06/16/15--01011--012 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL -6 PM 4: 24

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: Disabled Vets PAC Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Ryan Fitzwater

Name (Printed or typed)

2375 Clubside Court Suite 1722

Address

Palm Harbor, FL 34683

City, State & Zip

727-642-65

Daytime Telephone number

Ryan.Fitzwater@DisabledVetsPAC.org

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2015

RYAN FITZWATER
2375 CLUBSIDE COURT SUITE 1722
PALM HARBOR, FL 34683

SUBJECT: DISABLED VETS PAC INC.
Ref. Number: W15000042855

We have received your document for DISABLED VETS PAC INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 615A00013059

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

APPROVED
AND
FILED

ARTICLE I NAME
The name of the corporation shall be: Disabled Vets PAC Inc.

15 JUL -6 PM 4:24

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2375 Clubside Ct.
Suite 1722
Palm Harbor, FL 34683

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our Veteran founded business is focused on bringing attention to Veterans and the public about the multiple resources available to veterans as well as the significant need for attention to returning servicemen from overseas. There is a significant amount of Veterans coming back from the Iraq and Afghanistan wars with internal scars. PTSD is slowly being brought to the national attention, but there is a long ways to go. We are working with NAMI and other Non-Profit organizations across the country to offer any support we can to bring awareness for our heroes who fought for our country. Our donations will go to Veterans programs all across Florida and our organization is looking forward to helping every veteran we possibly can.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Experience & Talent

Directors are voted upon their election at our annual meeting.
They are determined by previous Non-Profit Experience.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Ryan Fitzwater, Exec. Director</u>	Name and Title:	<u>Ben Carmona, Marketing Director</u>
Address	<u>2375 Clubside Ct.</u>	Address:	<u>2375 Clubside Ct.</u>
	<u>Suite 1722</u>		<u>Suite 1722</u>
	<u>Palm Harbor, FL 34683</u>		<u>Palm Harbor, FL 34683</u>
Name and Title:	<u>Carl Gunther, COO</u>	Name and Title:	<u></u>
Address	<u>2457 Collins Ave.</u>	Address:	<u></u>
	<u>#508</u>		<u></u>
	<u>Miami Beach, FL 33140</u>		<u></u>
Name and Title:	<u>Dalton Hopkins, Marketing Assistant</u>	Name and Title:	<u></u>
Address	<u>2375 Clubside Ct</u>	Address:	<u></u>
	<u>Suite 1722</u>		<u></u>
	<u>Palm Harbor, FL 34683</u>		<u></u>

APPROVED
AND
FILED

15 JUL -6 PM 4: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Ryan Fitzwater

Address: 2375 Clubside Ct. #1722

Palm Harbor, FL 34683

ARTICLE VII INCORPORATOR

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

Name: Debra Wilkin

Address: 2375 Clubside Ct. #1722

Palm Harbor, FL 34683

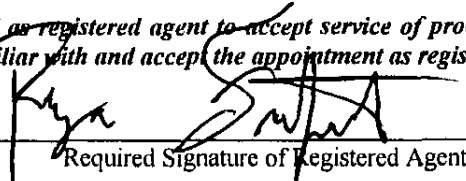
ARTICLE VIII EFFECTIVE DATE: 06/06/15

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 of Registered Agent


06/06/15
Date

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

06/06/15
Date

 DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 06-11-2015

Employer Identification Number:
47-4247415

Form: SS-4

Number of this notice: CP 575 A

DISABLED VETS PAC INC
2375 CLUBSIDE CT
PALM HARBOR, FL 34683

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4247415. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	10/31/2015
Form 940	01/31/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DISA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

999999999

Your Telephone Number () - Best Time to Call

DATE OF THIS NOTICE: 06-11-2015
EMPLOYER IDENTIFICATION NUMBER: 47-4247415
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
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DISABLED VETS PAC INC
2375 CLUBSIDE CT
PALM HARBOR, FL 34683