

N09000010433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

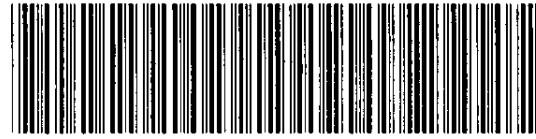
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
09 OCT 26 PM 4: 38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2009 OCT 26 PM 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 27 2009

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Key West Wild Bird Center, Inc.

Small/66

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: _____

Belmont

Date 10/26

Time pm.

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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

ARTICLE I NAME

The name of the corporation shall be:

Key West Wild Bird Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

22941 Blackbeard Lane Summerland Key FL 33042

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To rescue, rehabilitate & release wild birds

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As stated in the bylaws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Michelle Anderson, 22941 Blackbeard Lane Summerland Key FL 33042
D, P
Ryan Anderson, 22941 Blackbeard Lane Summerland Key FL 33042
D, VP
Rick Haskins 1225 2nd St Key West FL 33040 D, S, T

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michelle Anderson 22941 Blackbeard Lane Summerland Key FL 33042

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michelle Anderson 22941 Blackbeard Lane Summerland Key FL 33042

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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.

Michelle Anderson
Signature/Registered Agent

10/21/09
Date

Michelle Anderson
Signature/Incorporator

10/21/09
Date