

N12-0000008883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

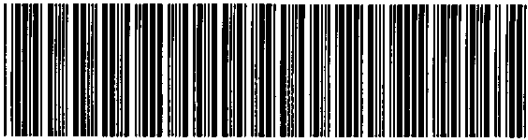
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 SEP 17 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
9/18/12

COVER LETTER

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

SUBJECT: Saving Grace and Her Furry Friends, 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: Saving Grace and Her Furry Friends, Inc.
Name (Printed or typed)

8650 Bridle Path Court
Address

Davie, FL 33328
City, State & Zip

954-562-8813
8650 Bridle Path Court Telephone number

savinggracefl@yahoo.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

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

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ARTICLE I NAME

The name of the corporation shall be: Saving Grace and Her Furry Friends, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8650 Bridle Path Court
Davie, FL 33328

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To rescue, feed, provide health and wellness to dogs and cats as well as assist local rescues and shelters in South Florida.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Nomination/By Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stefanie Miller, President
Address: 8650 Bridle Path Court
Davie, FL 33328

Name and Title: Kim Palmieri, Treasurer
Address: 1079 NW 96th Avenue
Plantation, FL 33322

Name and Title: Faye Fogielgarn, Secretary
Address: 8606 Bridle Path Court
Davie, FL 33328

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Stefanie Miller
Address: 8650 Bridle Path Court
Davie, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stefanie Miller
Address: 8650 Bridle Path Court
Davie, FL 33328

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

Stefanie Miller
Required Signature of Registered Agent

9/12/12
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.

Stefanie Miller
Required Signature of Incorporator

9/12/12
Date