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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

- PICK-UP
  WAIT
  MAIL

\_\_\_\_\_  
(Business Entity Name)

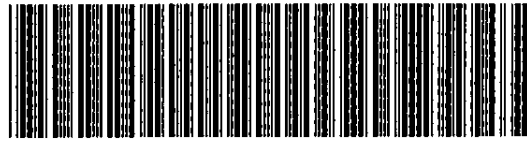
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 14 JAN -3 AM 7:56  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**COVER LETTER**

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

**SUBJECT: Furever Friends Animal Rescue 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: Joanne Wilde**  
Name (Printed or typed)

**2982 Keene Park Dive**  
Address

**Largo, FL 33771**  
City, State & Zip

**727-518-4014**  
Daytime Telephone number

**joannewilde1@hotmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: Furever Friends Animal Rescue Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2982 Keene Park Drive  
Largo, FL 33771

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Furever Friends Animal Rescue is an all volunteer rescue organization dedicated to saving the lives and rehoming dogs and cats from local shelters.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Vote by current Officers.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Debra A Cioffi - President  
Address: 1995 Creek Road  
Lakeland FL 33809

Name and Title: Joanne Wilde - Treas  
Address: 2982 Keene Park Drive  
Largo FL 33771

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

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

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

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

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

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

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

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

14 JAN -3 AM 7:57

FILED

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

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

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

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

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**ARTICLE VI REGISTERED AGENT**

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

Name: Joanne Wilde

Address: 2982 Keene Park Drive

Largo FL 33771

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joanne Wilde

Address: 2982 Keene Park Drive

Largo FL 33771

*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

12/30/13

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

12/30/13

Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA