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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

Paws2Go, Inc.

Certificate of Status	**0**
Certified Copy	**0**
Page Count	**03**
Estimated Charge	**$70.00**

S. CHATHAM

MAR 31 2022

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Paws2Go, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:	Mailing address, if different is:
7901 4th St N STE 300	7901 4th St N STE 300
St. Petersburg, FL 33702	St. Petersburg, FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ORGANIZED EXCLUSIVELY TO HELP PROMOTE EFFORTS TO SECURE THE SAFE HAVEN AND WELL-BEING OF COMPANION ANIMALS NEEDING HOMES IN FLORIDA.

ORGANIZED EXCLUSIVELY FOR ONE OR MORE OF THE PURPOSES AS SPECIFIED IN SEC. 501(C)(3) OF THE IRS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Emily Shoupe, Director/Pres/Treas	Name and Title:	
Address	7901 4th St N STE 300 St. Petersburg FL 33702	Address:	
Name and Title:	Linda Shoupe, Director/Secretary	Name and Title:	
Address	7901 4th St N STE 300 St. Petersburg FL 33702	Address:	
Name and Title:	Lawrence Edmonds, Director	Name and Title:	
Address	7901 4th St N STE 300 St. Petersburg FL 33702	Address:	

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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: Registered Agents Inc.

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

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ARTICLE VII INCORPORATOR

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

Name: Riley Park

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

Bill Hamm 3/30/22

Required Signature of Registered Agent 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.

Riley Park 3/30/22

Required Signature of Incorporator Date