

N 99 00000 5744

TRANSMITTAL LETTER

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

100002995821-1
-09/24/99-01022-001
*****78.75 *****78.75

SUBJECT: H.O.P.E. WILDLIFE REHABILITATION INC.
(Proposed corporate name - must include suffix)

23 SEP 24 AM 7:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: STACEY SHREVE
Name (Printed or typed)

P.O. Box 203
Address

HOMOSASSA FLORIDA 34487
City, State & Zip

(352) 628-9464
Daytime Telephone number

F. CHESBORN

SEP 27 1999

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

ARTICLES OF INCORPORATION OF
H.O.P.E. WILDLIFE REHABILITATION INC.
A FLORIDA NOT FOR PROFIT CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 SEP 24 AM 7:02

FILED

The undersigned persons, acting as incorporators of a corporation not for profit under the Florida Not For Profit Corporation Act, as set forth in Chapter 617 of the Florida Statutes, adopt the following Articles of Incorporation for such corporation:

ARTICLE ONE

The name of the corporation is H.O.P.E. Wildlife Rehabilitation Inc., A Florida Not For Profit Corporation.

ARTICLE TWO

The principal place of business is 10175 N. Fishbowl Dr. Homosassa, Florida .
The mailing address is P.O.Box 203 Homosassa, Florida 34487.

ARTICLE THREE

The corporation is a not for profit corporation. the purposes for which the corporation is organized are to operate the rescue, rehabilitation and release of injured and orphaned wildlife and for the advancement of education programs about wildlife to the public and for other charitable purposes, by the distribution of its funds for such purposes, and in addition said corporation shall have the following purposes:

(a) The specific and primary purposes for which this corporation is formed are to operate for the rescue, rehabilitation and release of injured and orphaned wildlife and the education of said programs to the public, by the distribution of its funds for such purposes.

(b) The general purposes for which this corporation is formed are to operate exclusively for charitable purposes as will qualify it as an exempt organization under Section 501 (c) (3) of the Internal Revenue Code of 1986 or corresponding provisions of an subsequent federal tax laws, including, for such purposes, the making of distributions to organizations which qualify as tax exempt organizations under that Code.

(c) This corporation shall not, as a substantial part of its activities, carry on propaganda or otherwise attempt to influence legislation: nor shall it participate or intervene (by publication or distribution of any statements or otherwise) in any political campaign on behalf of any candidate for public office.

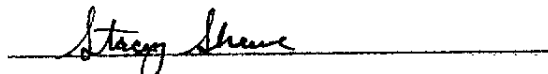
ARTICLE FOUR

The manner in which the Directors are elected or appointed, shall be as regulated in the by laws.

ARTICLE FIVE

The street address of the initial registered agent of the corporation is, 10175 N. Fishbowl Dr. Homosassa, Florida .The mailing address is P.O.Box 203 Homosassa, Florida 34487. The name of its initial registered agent at such address is, Stacey Shreve, whereby her signature acknowledges her acceptance of said designation.

ARTICLE SIX


Stacey Shreve
Registered Agent

FILED
99 SEP 24 AM 7:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI INCORPORATOR

The **name and address** of the Incorporator to these Articles of Incorporation are:

STACY Shreve
P.O. Box 203
Homosassa, fl. 34487

Stacy Shreve

Signature/Incorporator

9-21-99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Stacy Shreve

Signature/Registered Agent

9-21-99

Date