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

SUBJECT: THE ARK WILDLIFE RESCUE & REHABILITATION, INC. (proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation corporation and check in the amount of \$ 122.50.

Name			
KAREN LYNCH			
Address	Doc	0003075 -12/20/990	280 <u></u> 2
335 SUNSET DRIVE		****122.50°	*****78.75
City, State, & Zip			
ST AUGUSTINE, FL. 32084			
Telephone Number			
(904)-471-0336	,		

DOG. EXAM

Note: Additional copy of articles is needed when certified copy is requested.



ARTICLES OF INCORPORATION

OF

THE ARK WILDLIFE & REHABILITATION, INC.

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a non profit Corporation under Chapter 617 of Florida Statutes and, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

THE ARK WILDLIFE RESCUE & REHABILITATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:
335 SUNSET DRIVE
ST AUGUSTINE, FL 32084

ARTICLE III DIRECTORS

KAREN LYNCH
-335 SUNSET DR.
ST. AUGUSTINE, FL. -32084

REBECCA SHIELL #4 MARLIN DR. ST. AUGUSTINE, FL. 32084

PATSY OWENS 241 S. MATANZAS BLVD. ST. AUGUSTINE, FL. 32084 99 DEC 20 PM 2: 32 SECRETARY OF STATE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
KAREN LYNCH
335 SUNSET DRIVE.
ST AUGUSTINE, FL 32084

ARTICLE V INCORPORATOR(S)

The name(s)	and address(es) of the incorporator(s) to these Articles of Incorporation is(are)
· · · · · · · · · · · · · · · · · · ·	KAREN LYNCH
	335 SUNSET DRIVE
	ST AUGUSTINE, FL 32084
	.0

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 12th day of December, 1999.

Signature
Signature

ARTICLE VI SPECIFIC PURPOSE

RESCUE AND REHABILITATION OF THE INJURED AND ORPHAN WILDLIFE IN NORTH FLORIDA.

ARTICLE VII EFFECTIVE DATE

JANUARY 1, 2000.

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION-607-0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: THE ARK WILDLIFE RESCUE & REHABILITATION ,INC.

2.	The name and address of the registered agent and office is:	99 D SEC
	KAREN LYNCH	全型 四 五
	(Name)	15 SO I.E
	335 SUNSET ROAD (Post Office Box <i>not</i> acceptable)	7/0
	ST AUGUSTINE FL 32084	70 25
	(City/State/Zip)	ET. N

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

(Signature)