

**N99 00000 4058**

Requestor's Name  
 Laurie Crawford  
 5102 30th St. N.  
 Bradenton, Florida  
 34207

City/State/Zip Phone #

400002890844--6  
 -06/01/99--01076--014  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00

Office Use Only

LR  
 CC-CU

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

99 JUL - 1 AM 9:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

400002890844--6  
 -07/02/99--01048--016  
 \*\*\*\*\*17.50 \*\*\*\*\*17.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*W99 13031*

F. CHESTER JUL 2 1999

F. CHESTER JUL 4 1999

Examiner's Initials	
---------------------	--

**ARTICLES OF INCORPORATION  
OF  
MCOLA Manatee Citizens for Off Leash Areas,  
Inc.**

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation., FOR NON PROFIT

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUL - 1 AM 9:59

FILED

**ARTICLE 1: NAME**

The name of the corporation shall be MCOLA Manatee Citizens for Off Leash Areas, Inc.

**ARTICLE 2: PRINCIPAL PLACE OF BUSINESS**

The principal place of business of this corporation shall be 5102 30<sup>th</sup> St W Bradenton, FL 34207.

**ARTICLE 3: SPECIFIC PURPOSE**

To assist local government in acquiring off leash canine parks and to provide the community education on responsible pet ownership.

**ARTICLE 4: MANNER IN WHICH DIRECTORS ARE ELECTED**

Yearly election of officers by a general nomination and vote. To be elected yearly.

**ARTICLE 5: NAME AND ADDRESS OF REGISTERED AGENT**

Laurie Crawford  
5102 30<sup>th</sup> Street West  
Bradenton, FL 34207

The undersigned incorporator has executed these Articles of  
Incorporation this 28 day of June 1999.

Laurie Crawford

## **CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to Florida law, the Undersigned Corporation organized under the laws of the State of Florida submits the following statements in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation/professional association is  
MCOLA Manatee Citizens for Off Leash Areas, Inc.
2. The name and address of the registered agent and office is:  
Laurie Crawford  
5102 30<sup>th</sup> St W  
Bradenton, FL 34207

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUL -1 AM 9:59

FILED

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 OF REGISTERED AGENT/DATE