

N13000006870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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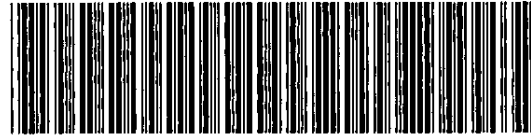
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

VH

COVER LETTER

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

SUBJECT: Critter Mama 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: Robin L. Roberts

Name (Printed or typed)

4846 Sun City Center BL, #263

Address

Sun City Center, FL 33573

City, State & Zip

813-507-0509

Daytime Telephone number

CritterMamaRescue@gmail.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)

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ARTICLE I NAME

The name of the corporation shall be: Critter Mama Rescue, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4846 Sun City Center BL

Suite #263

Sun City Center, FL 33573

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Mailing address, if different:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to rescue abandoned, neglected and unwanted dogs and cats,
to provide them necessary and required medical care,
to teach them to become good household pets,
and to adopt them into loving, stable homes with people who will commit to their
lifelong needs.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: per by laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Robin L. Roberts</u>	Name and Title:	_____
Address	<u>President</u>	Address:	_____
	<u>317 Wendi Lane</u>		_____
	<u>Ruskin, FL 33570</u>		_____
Name and Title:	<u>Charlotte Clark</u>	Name and Title:	_____
Address	<u>Treasurer</u>	Address:	_____
	<u>P.O. Box 965</u>		_____
	<u>Gibsononton, FL 33534</u>		_____
Name and Title:	<u>Clarissa M. Guiley</u>	Name and Title:	_____
Address	<u>Secretary</u>	Address:	_____
	<u>P.O. Box 3556</u>		_____
	<u>Apollo Beach, FL 33572</u>		_____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Deborah Dodge

Address: 608 Tanana Fall Drive

Ruskin, FL 33570

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robin L. Roberts

Address: 317 Wendi Lane

Ruskin, FL 33570

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

Deborah Dodge
Required Signature of Registered Agent

7/23/2013
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.

Robin Roberts
Required Signature of Incorporator

7-23-2013
Date