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(Requestor's Name)

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(City/State/Zip/Phone #)

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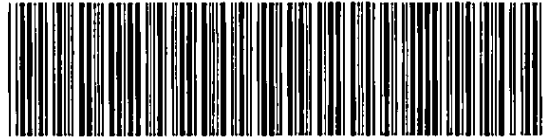
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL - 5 2018

COVER LETTER

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

SUBJECT: Reptile Kingdom, 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: Lenard M Hughes

Name (Printed or typed)

15471 Temple Blvd

Address

Loxahatchee, Florida 33470

City, State & Zip

561-644-3256

Daytime Telephone number

lifeform7@comcast.net

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)

ARTICLE I NAME

The name of the corporation shall be: Reptile Kingdom, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
15471 Temple Blvd.

Loxahatchee, FL 33470

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To educate the public regarding the husbandry and care of reptiles.

To provide a rehabilitation facility for abandoned, injured, or sick reptiles. To promote research of reptile diseases.

Assets of the organization are permanently dedicated to an exempt purpose. Upon dissolution, assets shall be distributed for
an exempt purpose.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By the President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lenard M. Hughes, MD

Address: President

15471 Temple Blvd.

Loxahatchee, FL 33470

Name and Title: Roseanne Hughes

Address: 15471 Temple Blvd

Loxahatchee, FL 33470

Name and Title: Terrance F. Wolf

Address: 13837 56th Pl N

Royal Palm Beach, FL 33411

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Lenard M. Hughes
 Address: 15471 Temple Blvd.
Loxahatchee, FL 33470

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Lenard M. Hughes
 Address: 15471 Temple Blvd.
Loxahatchee, FL 33470

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

Lenard M. Hughes
 Required Signature of Registered Agent

June 29, 2018
 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.

Lenard M. Hughes
 Required Signature of Incorporator

June 29, 2018
 Date