Fologooo 5450 TRANSMITTAL LETTER

TO:

Qualification/Registration Section

Division of Corporations

1_F1_I1_I	0046373809 -10/16/0101005001
Dear Sir or Madam:	******78.75 *****78.75
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.	
Please return all correspondence concerning this matter to the following:	
CAROLE A_ MORTON (Name of Person)	
(Name of Person)	
GREEN ACRES SANCTUARY, IN	·
(Firm/Company)	
930 NE 24th AVENUE	
(Address)	DIV 2
Pompano BEACH, FL 33062 (City, State and Zip Code)	ALLA CION DO 101
(City, State and Zip Code)	FIL ASSE
For further information concerning this matter, please call:	FROW FEOON
	** ** ** ** ** ** ** ** ** ** ** ** **
(Name of Person) at (954) 545 Area Code & Daytime Te	lephone Number
STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: MAILING ADDRES Qualification/Tax Lien Division of Corporation P. O. Box 6327 Tallahassee, FL 32314	n Section ons
☐ \$70.00 Filing Fee ★ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & Certificate of Status Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. GREEN ACRES SANCHUARY TIME	
Name of composition: must include the word "INCOPPOP ATED" or "COPPOP ATION"	
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a	
corporate suffix by a nonprofit corporation.)	
2 PENLISHMAN 26 162 7623	
2. PENNSYLVANIA (State or country under the law of which it is incorporated) (FEI number, if applicable)	
it is incorporately)	
4. 1/16/91 5. PERPETUAL	
(Date of Incorporation) (Duration: Year corp. will cease to exist or	
"perpetual")	
6 NUNE 11.2001	
6. One () Color () Co	
See sections 617.1501, 617.1502, and 817.155, F.S.)	
7. 930 NE ZITH AVENUE	
Pompano BEACH FC 33062 (Current mailing address)	
PACIE (Current mailing address)	
PREVENTION OF CRUELTY TO ANUMAIS BY PROVIDING CARE, REHABILITATION AND ADDATION OR RETURN TO THE	
8 MATILA ALIX DECO DO TO CHILLE	
8. NATURAL AND APPROPRIATE ENVIRONMENT. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	
9. Name and street address of Florida registered agent:	
OAROLE A. MORTON PER 3	
5 D	
930 NE 24 th AVENUE 55 57 7	
(Office address)	
Compano Beach, Florida, 3306282 50	
(City) (Zip Code)	
√S 5)	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as	
registered agent and agree to act in this capacity. I further agree to comply with the provisions	
registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positive and accept the obligations of my positive performance of my duties.	
with and accept the obligations of my position as registered agent.	
Leeale Q. morten	
racac & . / Marlen	

(Registered agent's signature)

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Address: Vice Chairman:_ Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President: Address: Secretary: Address: Treasurer: 33062 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Typed or printed name and capacity of person signing application)

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

AUGUST 10, 2001

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GREEN ACRES' SANCTUARY

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF. I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

JSOW