Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000197455 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878~5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION Monroe Rescue, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$87.50

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Help

9/3/2010

COVER LETTER

TO:	New Filing Son Division of C			
SUBJ	ECT:	MONR	OE RESCUE INC.	
0.00		Name of Corporat	ion - must include suffix	
Dear S	ir or Madam:			
"Certif	ficate of Existent	tion by Foreign Not for Profee", or "Cerificate of Good Son to conduct its affairs in F	standing" and check are subn	tion to Conduct its Affairs in Florication to register the above reference
Please	return all corres	pondence concerning this m	atter to the following:	
			Name of Person	
			144,110 01 1 01001	
			Firm/Company	
			Address	
			ity/State and Zip Code	
	E-n	nail address: (to be used for	future annual report notifica	ion)
For fu	rther information	concerning this matter, plea	ase call:	
		at	Area Code & Daynme Te	
	Name	of Person	Area Code & Daytime Te	lephone Number
	MAILING AI New Filing Se	DDRESS:	STREET/CO New Filing So	URIER ADDRESS:
	Division of Corporations Division of Corporations		orporations	
	P.O. Box 6327 Tallahassee, Fi			e Center Circle
Enclos	sed is a check for	the following amount:		
□ \$7	0.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & 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.	MONROE RESCUE INC.	
1	Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or 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.	DELAWARE (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4,	SEPTEMBER 3, 2010 5. PERPETUAL (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6		
u.	SEPTEMBER 3, 2010 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)	
7.	10600 Aviation Boulevard, Marathon, FL 33050	'
٠.	(Principal office address)	
	101 11th St Ocean #48 Marathon, FL 33050	~
		Ö
		SE
Ω	To operate exclusively for animal rescue and shelter purposes in the United States.	ري د
٥.	To operate exclusively for animal rescue and shelter purposes in the United States.	ယ
	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	HO
۶.	Name and succe address of Florida registered agent; (F.O. Box 1401 acceptance)	
	Name: CT Corporation System	င္မာ
	Name. C Composition Cytical	(,)
Of	fice Address: 1200 South Pine Island Road	
	Provide Provid	
	Plantation , Florida 33324 (City) (Zip Code)	
	(
$\frac{10}{H_{c}}$). Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at the place	
ae.	signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity.	I
ju an	rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my dut d I am familiar with and accept the obligations of my position as registered agent.	es,

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.



10 SEP -3 PM 1: 33

12	Names and	addenesses'	of officers	andton	directors
12.	LAGUICS STIC	aucresses	<i>Di cilicers</i>	ana a or	directors:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

A. DIRECTORS	The state of the s
Chairman: N/A	
Address:	
Vice Chairman: N/A	
Address:	
Director: Shannon DeCapo	
Address: 101 11th St. Ocean #48 Marathon, FL 33050	•
Director: N/A	
Address:	
	,
B. OFFICERS	
President: Shannon DeCapo	
Address: 101 11th St. Ocean #48 Marathon, FL 33050	•
	_
Vice President: N/A	
Address:	
	,
Secretary: Shannon DeCapo	
Address: 101 11th St. Ocean #48 Marathon, FL 33050	
Treasurer: Shannon DeCapo	
Address: 101 11th St. Ocean #48 Marathon, FL 33050	
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in a	umber 17 of the application)
Shannon DoCooo Bresident	
(Typed or printed name and capacity of person sign	



Delaware

The First State

10 SEP -3 PM 1: 33

PAGE 1
SECRETARY Un STATE
TALLAHASSEE FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MONROE RESCUE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF SEPTEMBER, A.D. 2010.

R68028 8300

100884386

THENTYCATION: 8209925

DATE: 09-03-10

You may verify this certificate onlin