

F15000003242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

513-



900273842489

06/15/15--01010--008 **70.00

FILED

15 JUL 23 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

g 7/24/15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: I HEAL PAWS

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Mary Ellis

Name of Person

Firm/Company

8150 Serenity Spring Dr.

Address

Windermere, Florida 34786

City/State and Zip Code

maryellis@reagan.com

E-mail address: (to be used for future annual report notification)

FILED
15 JUL 20 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mary Ellis

Name of Person

at (480) 822-9879

Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



RECEIVED

15 JUL 20 PM 12:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2015

MARY ELLIS
8150 SERENITY SPRING DRIVE
WINDERMERE, FL 34786

SUBJECT: I HEAL PAWS
Ref. Number: W15000042397

We have received your document for I HEAL PAWS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 615A00012873

FILED
15 JUL 20 PM 3:38
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**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. I HEAL PAWS, Inc.

(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.)

I HEAL PAWS, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Arizona

(State or country under the law of which it is incorporated)

3. 47-4143408

(FEI number, if applicable)

4. 2/9/2015

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 849 N 3RD AVENUE PHOENIX, AZ 85003

(Principal office address)

849 N 3RD AVENUE PHOENIX, AZ 85003

(Current mailing address)

8. charitable, educational, and scientific purposes, as well as the prevention of cruelty to animals, including assisting with life-saving and life-sustaining veterinary procedures and medications for animals
(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: (P.O. Box **NOT** acceptable)

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301

(City)

(Zip Code)

FILED
15 JUL 20 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(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.

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 05/22/2015

ENTITY NAME: I HEAL PAWS

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Sharon Cooke, Assistant Secretary
Paracorp Incorporated

FILED
15 JUL 20 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

FILED

Chairman: Mary Ellis

15 JUL 20 PM 3:38

Address: 849 N 3RD AVENUE PHOENIX, AZ 85003SECRETARY OF STATE
TALLAHASSEE, FLORIDAVice Chairman: Dr. Thomas BeaudreyAddress: 849 N 3RD AVENUE PHOENIX, AZ 85003Director: Alison ArianoAddress: 849 N 3RD AVENUE PHOENIX, AZ 85003

Director: _____

Address: _____

B. OFFICERS

President: Mary EllisAddress: 849 N 3RD AVENUE PHOENIX, AZ 85003Vice President: Mary EllisAddress: 849 N 3RD AVENUE PHOENIX, AZ 85003Secretary: Mary EllisAddress: 849 N 3RD AVENUE PHOENIX, AZ 85003Treasurer: Mary EllisAddress: 849 N 3RD AVENUE PHOENIX, AZ 85003

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mary Ellis, Chief Executive Officer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Mary Ellis, Chief Executive Officer

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

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

FILED
15 JUL 20 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

I HEAL PAWS

a domestic nonprofit corporation organized under the laws of the State of Arizona, did incorporate on February 09 2015.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Nonprofit Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-3122, 10-3123, 10-3125, & 10-11622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 8th day of June, 2015, A. D.




Jodi A. Jerich, Executive Director

By: 1246170