F15000	00464
(Requestor's Name) (Address) (Address)	400278283484
(City/State/Zip/Phone #)	10/21/1501009026 **70.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2015 OCT 21 PH 2: 02 JALLAHASSEE, FLORIDA
Office Use Only	FILED SECTETARY OF STA TALLAIMSSEE, FLOR
	5 · · · · · · · · · · · · · · · · · · ·

- - - -

. _.. _. . .

-

MICHAEL J. BARRY STEPHEN A. ECENIA DIANA M. FERGUSON MARTIN P. McDONNELL J. STEPHEN MENTON CRAIG D. MILLER R. DAVID PRESCOTT

RUTLEDGE ECENIA

ATTORNEYS AND COUNSELORS AT LAW

2.

POST OFFICE BOX 551, 32302-0551 119 SOUTH MONROE STREET, SUITE 202 TALLAHASSEE, FLORIDA 32301-1841

> TELEPHONE (850 681-6788 TELECOPIER (850) 681-6515 www.rutledge-ecenia.com

MARSHA E. RULE GARY R. RUTLEDGE MAGGIE M. SCHULTZ GABRIEL F.V. WARREN

GOVERNMENTAL CONSULTANT JONATHAN M. COSTELLO

OF COUNSEL HAROLD F. X. PURNELL

VIA HAND DELIVERY MEMORANDUM

۰,

TO:	Florida Department of State	
	Division of Corporations	
	Clifton Building	
	2661 Executive Center Circle	
	Tallahassee, Florida 32301	

FROM: Maggie M. Schultz

DATE: October 21, 2015

RE: Application by Foreign Not For Profit Corporation for Authorization to Conduct Its Affairs in Florida Animal Rescue Partners Incorporated

Attached is an Application by Foreign Not For Profit Corporation for Authorization to Conduct Its Affairs in Florida, along with a check in the amount of \$70.00 for the Registration Fee and Letter of Acknowledgment.

Thank you for your assistance. Please call our office at 681-6788 when the filing confirmation is ready for pickup.

COVER LETTER

TO: Registration Section Division of Corporations

ANIMAL RESCUE PARTNERS

SUBJECT:__

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:

CHASE JONES

 Name of Person

 ANIMAL RESCUE PARTNERS

 Firm/Company

 2158 RIVERSIDE DRIVE

 Address

 CINCINNATI, OHIO 45202

 City/State and Zip Code

 CHASE@ANIMALRESCUEPARTNERS.ORG

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

 For further information concerning this matter, please call:

CRAIG JOHNSON 859 653-6844 at (Name of Person Area Code Daytime Telephone Number MAILING ADDRESS: **STREET/COURIER ADDRESS: Registration Section Registration Section** Division of Corporations **Division of Corporations** P.O. Box 6327 **Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount:

□ \$70.00 Filing Fee ■\$78.75 Filing Fee & □\$78.75 Certificate of Status Certi

□\$78.75 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:

ANIMAL RESCUE PARTNERS INCORPORATED 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. OHIO		42-2204356
	try under the law of which it is incorporated)	(FEI number, if applicable)
4. 3/18/2013	5.	
(D	ate of Incorporation)	(Date of duration, if other than perpetual)
6. OCTOBER 1,	2015	
(Date first condu	cted affairs in Florida if prior to registration. See a	sections 617.1501 & 617.1502, F.S. to determine penalty liabilit
7. 2158 RIVERSI	DE DRIVE, CINCINNATI, OHIO 45202	
	(Principal of	ffice address)
·	(Current mailing a	ddrass if different)
		duress, if different)
	NERALANIMAL WELFARE, PET ADOPTIC	ON, RESCUES, AND SPAY/NEUTER PROGRAMS.
2		ON, RESCUES, AND SPAY/NEUTER PROGRAMS.
(Purpose(s) of c	ENERAL ANIMAL WELFARE, PET ADOPTIC	DN, RESCUES, AND SPAY/NEUTER PROGRAMS. o be carried out in the state of Florida)
(Purpose(s) of c	NERALANIMAL WELFARE, PET ADOPTIC	DN, RESCUES, AND SPAY/NEUTER PROGRAMS. o be carried out in the state of Florida)
R. (Purpose(s) of co P. Name and <u>stre</u>	ENERAL ANIMAL WELFARE, PET ADOPTIC	DN, RESCUES, AND SPAY/NEUTER PROGRAMS. o be carried out in the state of Florida) b. Box <u>NOT</u> acceptable)
3. (Purpose(s) of co 9. Name and <u>stre</u> Name: _	ENERAL ANIMAL WELFARE, PET ADOPTIC proporation authorized in home state or country to et address of Florida registered agent: (P.O	DN, RESCUES, AND SPAY/NEUTER PROGRAMS. o be carried out in the state of Florida) b. Box <u>NOT</u> acceptable)
R. (Purpose(s) of co P. Name and <u>stre</u>	ENERAL ANIMAL WELFARE, PET ADOPTIC proporation authorized in home state or country to et address of Florida registered agent: (P.O Corporation Service Comp	DN, RESCUES, AND SPAY/NEUTER PROGRAMS. o be carried out in the state of Florida) b. Box <u>NOT</u> acceptable)

Having been named as registered agent and to accept service of process for the above stated corporation at the flace 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.

Carina L. Dunlap Asst. Vice President

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	
A. DIRECTORS	
Chairman: Chase Jones	
Address: 9435 Stonecrest Court, Cincinnati, Ohio 45249	
Vice Chairman:	
Address:	
Loff Smith	
Director: Jeff Smith	
Address: 5738 Golf Crest Drive, West Chester, Ohio 45069	
Director: Joe Kanatzar	
Address: 2331 Antoinette Way, Union, Kentucky 41091	
B. OFFICERS	
President:	ļ
Address:	- n
	コ
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you, hay attach an addendum to the application listing additional officers and/or directors.	
13(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. <u>CHASE JONES</u> (Typed or printed name and capacity of person signing application)	

ŗ

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ANIMAL RESCUE PARTNERS, an Ohio not for profit corporation, Charter No. 2183390, having its principal location in Cincinnati, County of Hamilton, was incorporated on March 18, 2013 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of October, A.D. 2015.

" Husted

Ohio Secretary of State

Validation Number: 201528002918