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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

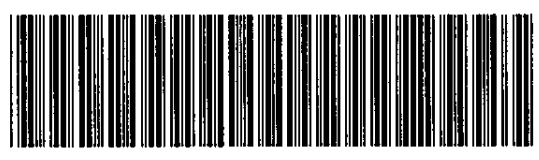
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

FEB 18 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: For The Care of Animals, Inc.
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:

Lawrence Levinson

Name of Person

For The Care of Animals, Inc.

Firm/Company

345 NE 8th Ave

Address

Delray Beach FL 33483

City/State and Zip Code

levinsonll@aol.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lisa Levinson

at (315)

480-5133

Name of Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration 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

**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:*

For The Care of Animals, 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.)

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

2. New York 3. 42-1630084
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/4/2004 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

345 NE 8th Ave Delray Beach FL 33483

7. _____
(Principal office address)

2 Carriage Lane Place Cazenovia, NY 13035

(Current mailing address, if different)

8. To financially assist animal rescues & shelters and provide low income individuals with funds to help care for their pets.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

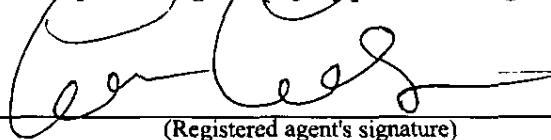
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Lawrence Levinson

Office Address: 345 NE 8th Ave
Delray Beach 33483
(City), Florida (Zip Code)

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.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Lawrence Levinson

Address: 345 NE 8th Ave

Delray Beach, FL 33483

Vice Chairman: _____

Address: _____

Director: Keith Blackmore DVM

Address: 3060 Austin Rd

Clinton, NY 13323

Director: Robert Toole DVM

Address: 2933 Erieville Rd

Erieville, NY 13061

B. OFFICERS

President: Lawrence Levinson

Address: 345 NE 8th Ave

Delray Beach, FL 33483

Vice President: _____

Address: _____

Secretary: Lisa Levinson

Address: 345 NE 8th Ave Delray Beach, FL 33483

Treasurer: Lisa Levinson

Address: 345 Ne 8th Ave Delray Beach, FL 33483

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

13. Lisa Levinson

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

14. Lisa Levinson CFO

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

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TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of FOR THE CARE OF ANIMALS, INC. was filed on 06/04/2004, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation..

I further certify that no other documents have been filed by such corporation.



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SECRETARY OF STATE
ALBANY, NEW YORK

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 01st day of February, two
thousand and sixteen.

Anthony Giardina

Executive Deputy Secretary of State