

F17000000472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

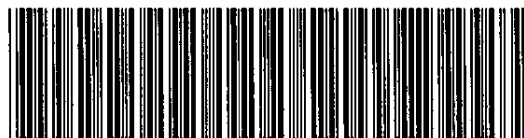
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JAN 30 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

FEB 1 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2017

STEPHANIE ARNE
411 WALNUT ST
SUITE 12063
GREEN COVE SPRINGS, FL 32043

SUBJECT: THE CREATIVE ANIMAL FOUNDATION, INC.
Ref. Number: W17000001901

We have received your document for THE CREATIVE ANIMAL FOUNDATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return 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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 617A00000517

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17 JAN 30 PM 3:55
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Creative Animal Foundation 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:

Stephanie Arne
Name of Person

The Creative Animal Foundation INC.
Firm/Company

411 Walnut St

Suite 12063

Address

Principal address
10513 Greenway Dr.
Fishers, IN 46037

Green Cove Springs FL 32043
City/State and Zip Code

Stephanie@creativeanimal.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Arne
Name of Person

at (808)
Area Code

492-8190
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

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SECRETARY OF STATE
TALLAHASSEE, FL

**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. The Creative Animal Foundation, 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.)

Creative Animal Foundation, Inc.

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

2. Indiana 3. 81-0747812
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 7, 2015 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.)

7. ~~SA PO Box 336 Fishers IN 46038~~ 10513 Greenway Dr. Fishers, IN 46037
(Principal office address)

411 Walnut St. Ste. 12063 Green Cove Springs, FL 32043
(Current mailing address, if different)

8. Charitable and Educational purposes
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

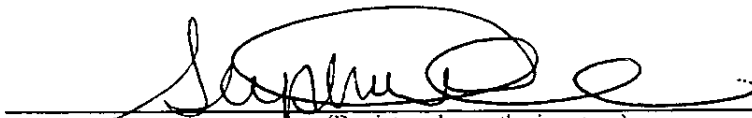
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Stephanie Arne

Office Address: 411 Walnut St. Ste. 12063
Green Cove Springs, Florida 32043
(City) (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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JAN 30 PM 3:17
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TALLAHASSEE, FL

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Stephanie Arne

Address: 411 Walnut St. Ste. 12063
Green Cove Springs, FL 32043

Vice Chairman: Tim Davison

Address: 411 Walnut St. Ste. 12063
Green Cove Springs, FL 32043

Director: Amanda Kaa Hanui

Address: 45-850 Anoi Rd. unit A
Kaneohe, HI 96744

Director:

Address:

B. OFFICERS

President: Stephanie Arne

Address: 411 Walnut St. Ste. 12063
Green Cove Springs, FL 32043

Vice President: Stephanie Arne

Address: 411 Walnut St. Ste. 12063
Green Cove Springs, FL 32043

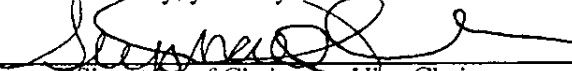
Secretary: Stephanie Arne

Address: 411 Walnut St. Ste. 12063 Green Cove Springs, FL 32043

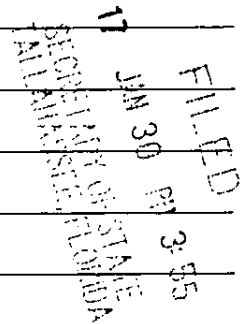
Treasurer: Stephanie Arne

Address: 411 Walnut St. Ste. 12063 Green Cove Springs, FL 32043

NOTE: If necessary, you may 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. Stephanie Arne C
(Typed or printed name and capacity of person signing application)



State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

THE CREATIVE ANIMAL FOUNDATION INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 07, 2015, and was in existence or authorized to transact business in the State of Indiana on December 12, 2016.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 12, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2015120700351 / 2016168606

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>

FILED
17
DEC 12 2016
INDIANAPOLIS
SECRETARY OF STATE