

F23000004381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

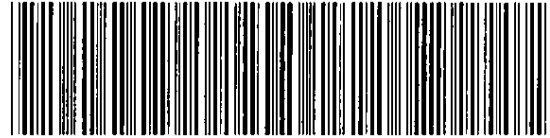
(Business Entity Name)

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2023 JUL 19 AM 11:24

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AN ACT OF DOG, 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:

MARK BARONE
Name of Person

AN ACT OF DOG
Firm/Company

1090 29TH ST SW
Address

NAPLES, FL 34117
City/State and Zip Code

MBARONE2008@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARINA BARONE at (293) 399-2279
Name of Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

GENERAL AFFIDAVIT

The within named person (Affiant). Mark Barone, who is a resident of Collier County, State of Florida, personally came and appeared before me, the undersigned Notary Public, and makes this his/her statement, testimony and General Affidavit under oath or affirmation, in good faith, and under penalty of perjury, of sincere belief and personal knowledge that the following matters, facts, and things set forth are true and correct, to the best of his/her knowledge:

I release the use of the name, An Act of Dog Inc, currently being used by our for-profit corporation to now be used as the name for our new filing and registration of our NON-PROFIT, An Act of Dog Inc

Dated this 18 day of July, 2023.

Mark Barone
Signature of Affiant

=====
State of Florida

County of Collier

Subscribed and sworn to, or affirmed, before me on this 18TH day of JULY,
20 23 by Affiant MARK BARONE.

Aaron Krzysik
Signature of Notary Public

06/09/2027
My Commission Expires:



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. AN ACT OF DOG, 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.)

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

2. KENTUCKY

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

3. EIN: 45-2047310

(FEI number, if applicable)

4. MAY 9TH 2011

(Date of Incorporation)

5. _____

(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. 1090 29TH ST SW, NAPLES, FL 34117

(Principal office street address)

(Current mailing address, if different)

8. WE USE ART TO SAVE SHELTER PETS, EDUCATE + SAVE VETERANS

(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: MARK BARONE

Office Address: 1090 29TH ST SW

NAPLES

(City)

Florida 34117

(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.

MARK BARONE

(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.

2023 JUL 19 AM 11:24

FILED

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS

<input type="checkbox"/> Chairman	Name: <u>MARK BARONE</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>1090 29TH ST SW</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input checked="" type="checkbox"/> Director	<u>NAPLES, FL</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	<u>34117</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>MARIMA BARONE</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>1090 29TH ST SW</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>NAPLES, FL 34117</u>	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>Brenda COOPER</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>11701 MONTANA AVE</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input checked="" type="checkbox"/> Director	<u>SUITE # 402</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	<u>LOS ANGELES, CA</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	<u>90049</u>	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. MARK BARONE - DIRECTOR, SECRETARY, TREASURER
(Typed or printed name and capacity of person signing application)

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 294198

Visit <https://web.sos.ky.gov/show/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

AN ACT OF DOG, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is May 9, 2011 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 17th day of July, 2023, in the 232nd year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
294198/0791170

GENERAL AFFIDAVIT

The within named person (Affiant), Mark Barone, who is a resident of Collier County, State of Florida, personally came and appeared before me, the undersigned Notary Public, and makes this his/her statement, testimony and General Affidavit under oath or affirmation, in good faith, and under penalty of perjury, of sincere belief and personal knowledge that the following matters, facts, and things set forth are true and correct, to the best of his/her knowledge:

I release the use of the name, An Act of Dog Inc, currently being used by our for-profit corporation to now be used as the name for our new filing and registration of our NON-PROFIT, An Act of Dog Inc

Dated this 18 day of July, 20 23.

M. Barone
Signature of Affiant

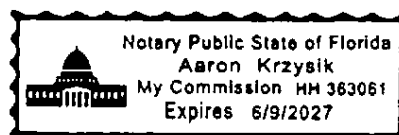
State of Florida

County of Collier

Subscribed and sworn to, or affirmed, before me on this 18TH day of July, 20 23 by Affiant MARK BARONE.

Aaron Krzysik
Signature of Notary Public

06/09/2027
My Commission Expires:



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2. KENTUCKY

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

3. EIN: 45-2047310

(FBI number, if applicable)

4. MAY 9TH 2011

(Date of Incorporation)

5. _____

(Date of duration, if other than perpetual)

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(Current mailing address, if different)

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Name: MARK BARONE

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NAPLES

(City)

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MARK BARONE

(Registered agent's signature)

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Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
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Certificate of Existence

Authentication number: 294198

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