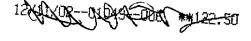
NO200009548

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Orginalization from 11)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Ostanou Ospios				
Special Instructions to Filing Officer:				

Office Use Only



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OZ DEC 11 AM 10: 10
SECRETARY OF STATE

912/1

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: WILL Life of Boggy Branch, INC. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75

Filing Fee &

Certificate of

Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or ty

4229 NW

Hanna L

Address

tha FL,

City, State & Zip

850 762-8160

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

	In Compliance with Chapter 617, F.S., (Not for Profit)			
	ARTICLE I NAME The name of the corporation shall be: Wild Life of Boggy Branch, Iwc,	· .		_
	ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: WILLIFE OF BOGGY Branch, INC. 24229 N.W. Hanna LW. ARTICLE III PURPOSE The purpose for which the corporation is organized is: WILLIFE OF BOGGY Branch, INC. 15 a h The Land 15 Leased from Weal Land 47 they require us to Incorporate. ARTICLE IV MANNER OF ELECTION	untiv Timbo	vq clu	<u>.</u>
	The manner in which the directors are elected or appointed: They are elected by who has the	Cec	use,	
	ARTICLE V INITIAL DIRECTORS OFFICERS The name(s), address(es) and title(s):	SECRETARY OF STATE TALLAHASSEE. FLORIDA	FILED 02 DEC 11 AM 10: 10	
	ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the registered agent is:			
	Alan Peacock 24229 W.W. Hawna Lw. Altha, FL: 32421 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Alan Peacock 24229 N.W. Hawna LW.	i.		-
	**************************************	on at the pla	ce designated	
n	this certificate, I am familiar with and accept the appointment as registered agent and agree to the service of	ict in this co	apacity. L O A	Į
Si	gnature/Registered Agent Date		7	`
1		_		

Signature/Incorporator