

N05000008506

(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

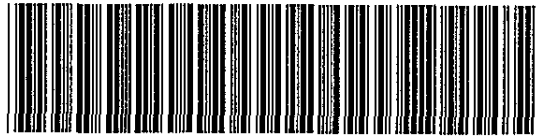
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FILED
05 AUG 18 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/29

TRANSMITTAL LETTER

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

SUBJECT: WILD THINGS, 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
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: LEONA B. HARR
Name (Printed or typed)

4621 LENMORE STREET
Address

ORLANDO, FL 32812
City, State & Zip

407-277-7232
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 29, 2005

LEONA B. HARR
4621 LENMORE STREET
ORLANDO, FL 32812

SUBJECT: WILDLIFE CRITTER CARE, INC.
Ref. Number: W05000035902

We have received your document for WILDLIFE CRITTER CARE, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is N95000000308 - WILDLIFE CRITTER CARE, INC..

Please return the original and one copy of 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) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 705A00049283

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

WILDLIFE CARE-RESCUE TO RELEASE
INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4621 LENMORE STREET
ORLANDO, FL 32812

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REHABILITATION OF WILDLIFE FOR RELEASE IN
THEIR NATURAL HABITAT

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

MANNER OF ELECTION SHALL BE STATED IN THE
BYLAWS.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

SEE SCHEDULE ATTACHED

FILED
05 AUG 18 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

LEONA B. HARR
4621 LENMORE STREET
ORLANDO, FL 32812

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

J.R. HOEFT, CPA
499 SR 434 N. STE 202 9
ALTAMONTE SPRINGS, FL 32714

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

8-15-05

Date



Signature/Incorporator

8/15/05

Date

JERALD R. HOEFT

WILDLIFE CARE RESCUE TO RELEASE INC

Schedule of Initial Directors/Officers

Executive Director

Leona B. Harr
4621 Lenmore Street
Orlando, FL 32812

Director

Elayne Winkleman
13515 Bristlecone Circle
Orlando, FL 32828

Secretary

Rhyna Crews
1907 Green Meadow Lane
Orlando, FL 32825

Treasurer

Marcie King
1592 Settlers Loop
Geneva, FL 32732