

N080000000393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

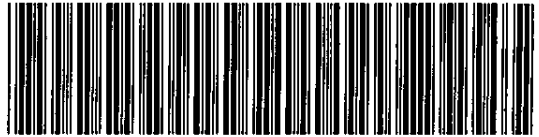
(Business Entity Name)

(Document Number)

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2008 JAN 14 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JAN 14 2008

COVER LETTER

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

SUBJECT: Loxahatchee Groves Animal Rescue, 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: Shannon P. Reilly

Name (Printed or typed)

14404 North Road

Address

Loxahatchee Groves, FL 33470

City, State & Zip

561-289-0096

Daytime Telephone number

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

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

ARTICLE I NAME

The name of the corporation shall be:

Loxahatchee Groves Animal Rescue, Inc.

ARTICLE II PRINCIPAL OFFICE

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

14404 North Road, Loxahatchee Groves, FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To rescue, rehabilitate, and place, abused and/or neglected domestic and agricultural animals.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Annual meeting of membership.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Shannon P. Reilly, Executive Director
William J. Reilly, Secretary
Bonnie Senise, Treasurer

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

William J. Reilly, 5447 NW 42nd Ave., Boca Raton, FL 33496

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shannon P. Reilly, 14404 North Road, Loxahatchee Groves, FL 33470

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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.

William J. Reilly
Signature/Registered Agent

William J. Reilly

1/10/08
Date

Shannon P. Reilly
Signature/Incorporator

Shannon P. Reilly

1/10/08
Date