

N09000005385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

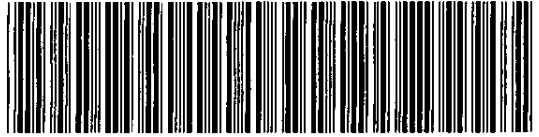
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten signature]
6/2



100156567041

06/01/09--01010--006 **78.75

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN - 1 PM 3:22

COVER LETTER

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

SUBJECT: Center for Animal Therapies, 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: Center for Animal Therapies, Inc.
Name (Printed or typed)

1702 Iverness Court
Address

Longwood, FL 32779
City, State & Zip

(407) 869-1145
Daytime Telephone number

jo@centerforanimaltherapies.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

09 JUN - 1 PM 3:23
APPROVED AND FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
Center for Animal Therapies, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
1702 Iverness Court, Longwood, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to provide an ongoing educational platform available to members of the public who are interested in learning about animal-related therapies and techniques, by providing classes, workshops and seminars on various natural methods, to accommodate veterinary and alternative health care services. C.A.T. will function as a sanctuary for wildlife common to its location, providing housing, medical attention and respite for animals in need of healing, and will provide a location for the continuous practice of Native American customs, traditions, and healing techniques.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
Directors shall be elected or appointed in the manner and for the term provided in the bylaws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
Jo Maldonado - President - 1702 Iverness Court, Longwood, FL 32779
Henry Maldonado - Vice President - 1702 Iverness Court, Longwood, FL 32779
Mara Shorr - Secretary - 104445 Manderly Way, Orlando, FL 32829

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Henry Maldonado
1702 Iverness Court
Longwood, FL 32779


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Kimra Kone
P.O. Box 681030
Orlando, FL 32868

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 5-28-09
Date



Signature/Incorporator 5-29-09
Date