

N090000/0629

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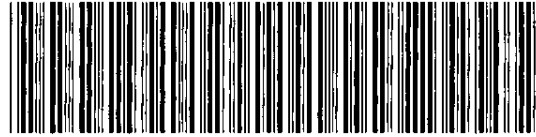
(Business Entity Name)

(Document Number)

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09 NOV -3 AM 11:13

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

09 NOV -3 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/3

## COVER LETTER

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

SUBJECT: The Big Bend Barkfest, 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: Norman G. Griggs, DVM  
Name (Printed or typed)

4815 A Coastal Hwy  
Address

Crawfordville FL 32327  
City, State & Zip

850 926-1475  
Daytime Telephone number

Normgriggs@Gmail.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**  
**FOR**  
**BIG BEND BARKFEST, INC.**  
**A Florida Not For Profit Corporation**  
**Formed Pursuant to Chapter 617, Florida Statutes**

**FILED**  
**09 NOV -3 AM 11:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The following Articles Of Incorporation are hereby adopted for the purpose of forming a Florida Not For Profit Corporation pursuant to Chapter 617, Florida Statutes:

**ARTICLE ONE – NAME:** The name of the corporation shall be Big Bend Barkfest, Inc., a Florida Not For Profit Corporation.

**ARTICLE TWO – PRINCIPAL OFFICE:** The principal street address of the corporation is c/o Shepherd Spring Animal Hospital, 4815-A Coastal Highway, Crawfordville, Florida and the mailing address of the corporation is P.O. Box 1832, Crawfordville, FL 32326.

**ARTICLE THREE – PURPOSE:** The purpose for which the corporation is organized is to provide education, to raise funds to support the care and treatment of homeless animals in the Big Bend area of the State of Florida, and to perform such other activities as are in compliance with Section 501(c)(3) of the Internal Revenue Code and Florida Law.

**ARTICLE FOUR – MANNER OF ELECTION:** The business of the corporation shall be managed by three or more directors to be elected on an annual basis by the membership of the corporation in accordance with the Bylaws of the corporation and Chapter 617, Florida Statutes.

**ARTICLE FIVE – INITIAL DIRECTORS AND OFFICERS:** The directors of the corporation shall be elected to specific officer positions by a majority vote of the Board of Directors immediately following the election of directors by the membership at the annual meeting of the corporation. The initial directors and officers of the corporation shall be:

1. Director/President - Dr. Norm Griggs  
4815-A Coastal Highway  
Crawfordville, FL 32327
2. Director/Vice-President - Petra Shuff  
87 Tupelo Drive  
Crawfordville, FL 32327
3. Director/Treasurer - Kathie Brown  
94 Driftwood Drive (P.O. Box 129)  
Panacea, FL 32346
4. Director/Secretary - Melissa Starbuck  
417 Beechwood Drive  
Crawfordville, FL 32327

**ARTICLE SIX – REGISTERED AGENT AND STREET ADDRESS:** The initial Registered Agent of the corporation and Florida street address for the Registered Agent are Dr. Norm Griggs, 4815-A Coastal Highway, Crawfordville, FL 32327.

**ARTICLE SEVEN – INCORPORATORS:** The name and address of the four incorporators of this corporation are:

1. Incorporator - Dr. Norm Griggs  
4815-A Coastal Highway  
Crawfordville, FL 32327
2. Incorporator - Petra Shuff  
87 Tupelo Drive  
Crawfordville, FL 32327

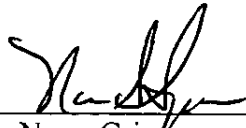
3. Incorporator -

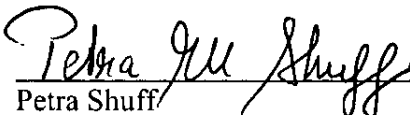
Kathie Brown  
94 Driftwood Drive (P.O. Box 129)  
Panacea, FL 32346


4. Incorporator -


Melissa Starbuck  
417 Beechwood Drive  
Crawfordville, FL 32327

DATED this 2 day of November, 2009.

  
\_\_\_\_\_  
Dr. Norm Griggs  
Incorporator

  
\_\_\_\_\_  
Petra Shuff  
Incorporator

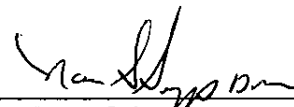
  
\_\_\_\_\_  
Kathie Brown  
Incorporator

  
\_\_\_\_\_  
Melissa Starbuck  
Incorporator

**RESIDENT AGENT CERTIFICATION**

Having been named and designated to be the Registered Agent to accept service of process for the above-stated corporation at the place designated in this certificate, I do hereby certify that I am familiar with and accept the appointment as Registered Agent and agree to act in this capacity on behalf of this corporation.

DATED this 2 day of November, 2009.

  
\_\_\_\_\_  
Dr. Norm Griggs  
Registered Agent

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**