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2010 SEP 20 PH 3: 56

or 9/21/10

COVER LETTER

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

Enclosed is an original a	nd one (1) comy of the Ar	tiples of Incomparation and	a abeak 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:	Name (F. 3 Ocala Fl. 3 City,	Stree + Address 4475 State & Zip 79 Felephone number	- -	2010 SEP 20 PM 3: 56	SECRETALY OF SEC.

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

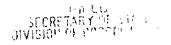
ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Disaster Relief for Animals Corp.



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ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

508 NW 26 Street

Ocala, Florida 34475

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide on site animal emergency management, evacuation, and assistance in feeding, health management, Links to local resources, and locating pets and owners

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors will be appointed and will hold a term of six (6) years

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Asa L. Driver	508 NW 26 Street, Ocala, Florida 34475	President
David Scott	508 NW 26 Street, Ocala, Florida 34475	Vice-President
Brenda Scott	508 NW 26 Street, Ocala, Florida 34475	Chief Executive Officer I
William Quinn	2612 NW 5 Avenue, Ocala, Florida 34475	Chief Executive Officer II
James Gutekunst	2416 NE 32 Street, Ocala, Florida 34479	Chief Executive Officer III

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Asa L. Driver 508 NW 26 Street Ocala, Florida 34475

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Asa L. Driver 508 NW 26 Street Ocala, Florida 34475

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.

Osa A Dolo
Signature/Registered Agent

Osa / 10 | 30 | 10 |
Date

Osa / 10 | 30 | 10 |
Date

Signature/Incorporator

Date