

N1100000490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

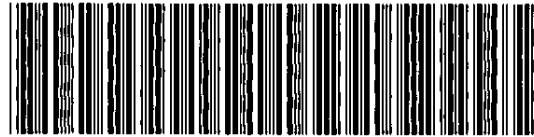
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/18/11--01023--006 \*\*70.00

RECEIVED

11 JAN 18 AM 10:40

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 JAN 18 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 1/19/11

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. The Human Animal Treatment Charity, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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

**ARTICLE I NAME** The Human Animal Treatment Charity, Inc.  
The name of the corporation shall be:

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11 JAN 18 AM 8:21

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
26562 NW 166th Ave.  
High Springs, FL 32643-1652

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Raise Funds to help support Humane 501(c)(3) Animal Rescue Facilities that save unwanted, suffering, abandoned and abused animals. The purposes for which the Corporation is organized are exclusively religious, charitable, scientific, literary and educational within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Code. Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Service of 1986, or corresponding section of any future Federal tax code, or shall be distributed to the Federal, state or local government for a public purpose. Any such assets not so disposed shall be disposed of by a court of competent jurisdiction, in the county in which the principal office of the organization is then located, exclusive of such purposes.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

The Board of Directors of the Corporation shall consist of three (3) but in no event less than three (3) or more individuals who are at least eighteen (18) years of age and the members of the Board of Directors shall be elected in the manner and for terms as provided by the By-Laws of the Corporation.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Eugene Levine, Pres. Director  
Address: 2552 NW 166th Ave.  
High Springs, FL 32643

Name and Title: Arlene Dorin Levine, Sec. Director  
Address: 26562 NW 166th Ave.  
High Springs, FL 32643

Name and Title: Leda Carrasco, Director  
Address: 435 SE 6th Lane  
High Springs, FL 32643

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

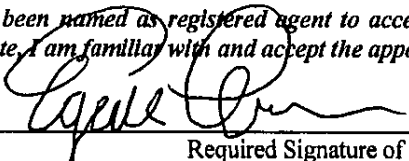
Name: Eugene Levine  
Address: 26562 NW 166th Ave.  
High Springs, FL 32643

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eugene Levine  
Address: 26562 NW 166th Ave.  
High Springs, FL 32643

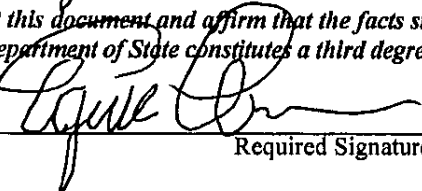
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

12/28/10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

12/28/10  
Date