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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

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

SUBJECT: SUNSHINE STATE HERBING GROUP ASSOCIATION 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: CHANTAL ANDREW  
Name (Printed or typed)

5454 S.W. 121 Terrace  
Address

Ocala FL 34481-5645  
City, State & Zip

352. 481. 8988  
Daytime Telephone number

CHANIAM@ATT.NET  
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)

**ARTICLE I NAME**

The name of the corporation shall be: SUNSHINE STATE HERBING GROUP ASSOCIATION INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

12177 SW 54 Lane  
Ocala FL  
34481

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FURTHER THE ADVANCEMENT OF AKC HERBING BREEDS (DOGS), protect + advance the interest of dog shows, and conduct matches + dog shows under the Rules + Regulations of the American Kennel Club (AKC). the club shall be NOT for profit. monies shall NOT inure to the benefit of any club member

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

VOTED BY MEMBERSHIP WITH 2/3 AFFIRMATIVE VOTES

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

Name and Title: EDY DYKSTRA-BLUM (PRES)  
Address: 12177 SW 54 Lane  
Ocala, FL 34481

Name and Title: CHANTAL ANDREW - (TREAS.)  
Address: 5454 SW 121 TERRACE  
OCALA FL 34481-5645

Name and Title: PAIGE O'DONNELL (V.P.)  
Address: 1248 SW ALLIGATOR ST.  
Palm City FL 34990

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

Name and Title: GARET KIRKBRIDE (SEC)  
Address: 9350 NW 63 ST  
Ocala, FL 34482

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: EDY DYKSTRA-BLUM (PRES)  
Address: 12177 SW 54 Lane  
Ocala FL 34481

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHANTAL ANDREW  
Address: 5454 SW 121 TERRACE  
OCALA FL 34481

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

Edy Dykstra-Blum  
Required Signature of Registered Agent

2/23/11  
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.

Chantal Andrew  
Required Signature of Incorporator  
CHANTAL ANDREW

2/23/11  
Date

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TALLAHASSEE FLORIDA