

N11000003689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

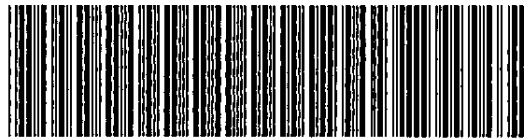
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200200644482

04/11/11--01005--017 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 11 PM 4:42

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: Humane Education Connection, 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: Kimberly Skrovanek

Name (Printed or typed)

127 81st Avenue NE

Address

St. Petersburg, FL 33702

City, State & Zip

727-798-5499

Daytime Telephone number

KimSkrovanek@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be: Humane Education Connection, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

127 81st Avenue NE

St. Petersburg, FL 33702

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To create and conduct outreach violence prevention and character building programs for children that promote the humane treatment of animals, prevent cruelty to animals, and to participate in community service, educational projects to help create a safer, more compassionate and humane community for its human and non human inhabitants.

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

The President will appoint the Board of Directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly Skrovanek, President/Director

Address: 127 81st Avenue NE
St. Petersburg, FL 33702

Name and Title: _____

Address: _____

Name and Title: Joan Marzi, Secretary/Treasurer/Director

Address: 11830 77th St. N.
Largo, FL 33773

Name and Title: _____

Address: _____

Name and Title: Richard Skrovanek, Director

Address: 2735 Berkford Circle
Lakeland, FL 33810

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: Richard Skrovanek, Director

Address: 2735 Berkford Circle
Lakeland, FL 33810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kimberly Skrovanek

Address: 127 81st Avenue NE
St. Petersburg, FL 33702

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

Richard Skrovanek

Required Signature of Registered Agent

3/29/2011
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.

KS

Required Signature of Incorporator

3/29/2011
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 11 PM 4:42

APPROVED
AND
FILED