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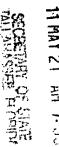
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

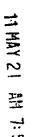
Office Use Only



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COVER LETTER

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

SUBJECT: 1Family	Pet Charities, Inc		
SOBJECT.	(PROPOSED CORPORA'	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed is an original	and one (1) copy of the Arti	icles of Incorporation and	d 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 C	OPY REQUIRED
FROM:	1Familiy Pet Charities,	Inc	
	1704 N.W. Fede	ral Hwy.	
	Stuart, Florida 3	34994 State & Zip	
	772-283-0235 Telephone Nun	nber	_
	JoelRossen@C		tion)

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

ARTICLES OF INCORPORATION

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

TICLE I NAME	1Family Pet Charities, 1	nc		
name of the corporation s	thati be:			
TICLE II PRINCE	PAL OFFICE	•		
	Principal street address		Mailing address, if different is:	
	N.W. Federal Hwy.			
Stuart,	Florida 34994			
			·	_
TICLE III PURPO	orporation is organized is:			
• •	· ·	al coolings This is a		
			ludes providing food, shelter, vet care Aid, Inc, a 501(c) 3 corporation with	and re
	g for domestic animal/pet welfare			
•	run as a 501(c) 3 charity.	OI AIIOUIGI SIIIIIIAI	30 r(c)3 corporation.	
	ER OF RESCUTION The manner in	which the directors an	e elected and appointed:	
			• •	!
-	· ·	•	de services needed to service the mis	ision.
	L OFFICERS AND/OR DIRECTO		Donna Spector	
	Rossen DVM 9 NE Skyline Drive	_ Name and Title:	314 Highland Hill Ct	_
	sen Beach, FL 34957	Address:	St Peters, MO 63376	
	sen Beach, Pt. 34957 sident /Director		Director	
	,		-114001	
110000 and 1100.	ent Rossen	_ Name and Title:		-
	55 SW 34th St Apt BB-149	_ Address:		
	inesville FL 32606			_
Dir	ector			-
INZUISE ZURA (TUE.	non Miller MD	Name and Title:		
Address: 435	Middlefield Rd.	Address:		_
Palo	Alto, CA, 94301	_		_
<u>Dire</u>	ctor			_
TICLE VI REGIST	TERED AGENT		·	
	address (P.O. Box NOT acceptable) of	f the registered agent is	s: 50 =	
	elle Dandrea			
	N.E. Greenbrier Ave.	_		4
	St. Lucie, Fl. 34983		<u> </u>	J. J.
		_		TECH
TICLE VII INCOR	PORATOR			يتزر أز
name and address of the				Ĭ,
	Rossen D.V.M.			
	4 N.W. Federal Hwy.		इस क्ष	
Stua	rt. Florida 34994	 .		
		- ,		
المداد من المستون مسلم الملك	riesed goest to gooset service of servi	on for the above week	ed corporation at the place designated in the	b <i>i</i> k
	and accept the appointment as register			
	777			
Keelle .	Olledie -		5-19-11	
R	equired Signature of Registered Agent		Date	
/ huit this document and .	offices that the facts stated bosols are to	nse. I am mane that a	my faise information submitted in a docume	ent
	gjjym und die joes samet neren we v gsfantes a third degree felony as provid			
	Ussa		r-19-11	
<u> </u>	Required Signature of Incorporator	 	5-19-11 Date	
1 1	vedence of menhorates.	•	* Tvanc	