

N110000004992

(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



400207634844

05/20/11--01044--003 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 MAY 21 AM 7:55

RECEIVED

5/24 JF

COVER LETTER

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

SUBJECT: 1Family Pet Charities, 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: 1Family Pet Charities, Inc
Name (Printed or typed)

1704 N.W. Federal Hwy.
Address

Stuart, Florida 34994
City, State & Zip

772-283-0235
Telephone Number

JoelRossen@Gmail.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 1Family Pet Charities, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1704 N.W. Federal Hwy.
Stuart, Florida 34994

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to provide for pet animal welfare. This includes providing food, shelter, vet care and rescue. In case of dissolution of the corporation, it's assets will be given to Animal Aid, Inc, a 501(c) 3 corporation with the mission of providing for domestic animal/pet welfare or another similar 501(c)3 corporation.

The corporation will be run as a 501(c) 3 charity.

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

Directors are appointed by the president based upon their abilities to provide services needed to service the mission.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joel Rossen DVM
Address: 3879 NE Skyline Drive
Jensen Beach, FL 34957
President /Director

Name and Title: Donna Spector
Address: 314 Highland Hill Ct
St Peters, MO 63376
Director

Name and Title: Brent Rossen
Address: 4455 SW 34th St Apt BB-149
Gainesville FL 32606
Director

Name and Title: _____
Address: _____

Name and Title: Damon Miller MD
Address: 435 Middlefield Rd.
Palo Alto, CA, 94301
Director

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: Estelle Dandrea
Address: 397 N.E. Greenbrier Ave.
Port St. Lucie, Fl 34983

11 MAY 21 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joel Rossen D.V.M.
Address: 1704 N.W. Federal Hwy.
Stuart, Florida 34994

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

Estelle Dandrea
Required Signature of Registered Agent

5-19-11
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.

Joel Rossen
Required Signature of Incorporator

5-19-11
Date