

N110000011813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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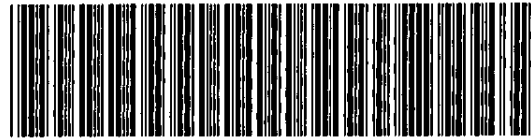
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 12/29

COVER LETTER

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

SUBJECT: Society for Animal Friends, 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: Guillermo A. Ruiz, Esq.

Name (Printed or typed)

2901 5th Avenue North

Address

St. Petersburg, Florida 33713

City, State & Zip

(727) 321-2728

2901 5th Avenue North
Phone number

gruizlaw@aol.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: Society for Animal Friends, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2901 5th Avenue North
St. Petersburg, FL 33713

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The specific purpose for which the corporation is organized is: to provide protection and care of animals, and any other lawful purpose.

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

The manner in which the directors are elected or appointed is as follows: elected by the Members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lorraine P. Gilbert, President/Director
Address: 2901 5th Avenue North
St. Petersburg, Florida 33713

Name and Title: _____
Address: _____

Name and Title: Wilber G. Van Scoik, Secretary/Treasurer/Director
Address: 2348 Sunset Point Road, Suite A
Clearwater, Florida 33765

Name and Title: _____
Address: _____

Name and Title: Guillermo A. Ruiz, Vice President/Director
Address: Guillermo A. Ruiz, P.A.
2901 5th Avenue North
St. Petersburg, Florida 33713

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

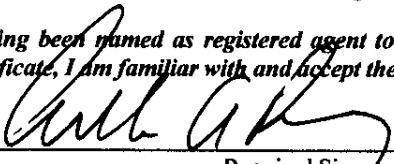
Name: Guillermo A. Ruiz, Esq.
Address: Guillermo A. Ruiz, P.A.
2901 5th Avenue North
St. Petersburg, Florida 33713

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Guillermo A. Ruiz, Esq.
Address: Guillermo A. Ruiz, P.A.
2901 5th Avenue North
St. Petersburg, Florida 33713

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

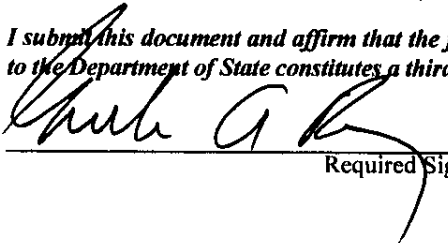


Required Signature of Registered Agent

December 22, 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.



Required Signature of Incorporator

December 22, 2011

Date