

N120000001785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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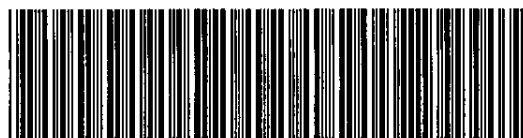
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

114

COVER LETTER

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

SUBJECT: The Callita Foundation, 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: Catherine Cavins

Name (Printed or typed)

11091 Ledge ment Lane

Address

Windermere, FL 34786

City, State & Zip

904-505-1359

11091 Ledge ment Lane Telephone number

focalpointconstruction@hotmail.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: The Callita Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
11091 Ledge ment Lane
Windermere, FL 34786

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a camp/retreat for children in distress in association with other non-profit organizations to teach them the long-term benefits of good nutrition and exercise using sports (such as running/triathlon training and events) and animal therapies (such as care/grooming of horses and horseback riding) in a natural, camp/park-like setting.

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

The directors are appointed by the Chief Executive Officer (CEO) at will.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Gutierrez, CEO
Address: 11091 Ledge ment Lane
Windermere, FL 34786

Name and Title: _____
Address: _____

Name and Title: Catherine Cavins, President
Address: 11091 Ledge ment Lane
Windermere, FL 34786

Name and Title: _____
Address: _____

Name and Title: Dee Dee Baggitt, Vice-President
Address: 11091 Ledge ment Lane
Windermere, FL 34786

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

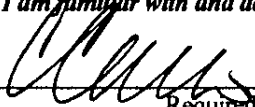
Name: Catherine Cavins
Address: 11091 Ledge ment Lane
Windermere, FL 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Catherine Cavins
Address: 11091 Ledge ment Lane
Windermere, FL 34786

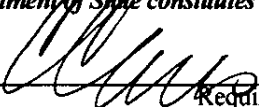
ARTICLE VIII EFFECTIVE DATE The effective date of this non-profit corporation is FEBRUARY 14, 2012.
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

2/14/12
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

2/14/12
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA