

N12000002994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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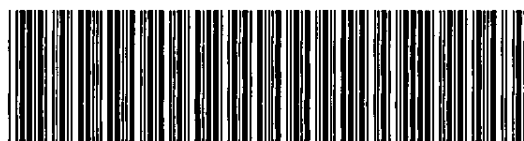
(Business Entity Name)

(Document Number)

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12 MAR 19 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
3/20/12

COVER LETTER

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

SUBJECT: American Certified Service Dogs, 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: Edel Miedes
Name (Printed or typed)

1015 N. 13th Avenue
Address

Hollywood, FL 33019
City, State & Zip

954-520-3711
1015 N. 13th Avenue Telephone number

jeri10anne@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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE I NAME

The name of the corporation shall be: American Certified Service Dogs, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1015 N. 13th Avenue
Hollywood, FL 33019

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized exclusively for charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Service Code or the corresponding section of any future United States Internal Revenue Law. The specific purpose for which this corporation is organized is to train and develop service animals for persons with disabilities. It will also promote awareness of the disabled and their needs and functions in society as well as educate people on service animals and their impact on the disabled through electronic newsletters, social events and speaking engagements. It will also do research on the effects of service animals on the disabled.

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

As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edel Miedes, President/Director
Address: 1015 N. 13th avenue
Hollywood, FL 33019

Name and Title: Jeri Smith, Sec/Treas/Director
Address: 821 N.E. Orchid Bay Drive
Boca Raton, FL 33487

Name and Title: Tracie Dulniak, Vice Pres/Director
Address: 3360 S.W. 20th Street
Fort Lauderdale, FL 33312

Name and Title: _____
Address: _____

Name and Title: Alison Curtiss, Vice Pres/Director
Address: P.O. Box 530933
Debarry, FL 32753

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: Edel Miedes
Address: 1015 N. 13th Avenue
Hollywood, FL 33019

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeri Smith
Address: 821 N.E. Orchid Bay Drive
Boca Raton, FL 33487

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

March 16, 2012

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

March 16, 2012

Date