

N 12000006366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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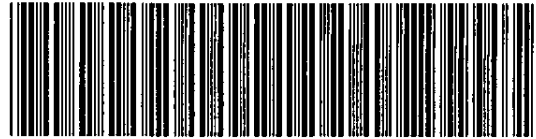
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUN 29 2012

## COVER LETTER

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

SUBJECT: Cat Advocates of Tampa Bay, 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: Carolyn Vogt

Name (Printed or typed)

3620 West Sterling Circle

Address

Tampa, Florida 33629

City, State & Zip

813 831-2431

3620 West Sterling Circle Phone number

cewtampa@aol.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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**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:

Cat Advocates of Tampa Bay, Inc

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3620 West Sterling Circle  
Tampa, Florida 33629

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To increase the cat save rate in Hillsborough County, Florida

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

Directors will be elected by a majority vote of the current directors.

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Judy Stimson (D)  
Address: P.O. Box 5772  
Sun City Center, Florida 33573

Name and Title: Carolyn Vogt (D)  
Address: 3620 West Sterling Circle  
Tampa, Florida 33629

Name and Title: Rita Bundas  
Address: P.O. Box 5772  
Sun City Center, Florida 33573

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Carolyn Vogt  
Address: 3620 West Sterling Circle  
Tampa, Florida 33629

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carolyn Vogt  
Address: 3620 West Sterling Circle  
Tampa, Florida 33629

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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

Carolyn Vogt CAROLYN VOGT  
Required Signature of Registered Agent

June 25, 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.

Carolyn Vogt CAROLYN VOGT  
Required Signature of Incorporator

June 25, 2012  
Date