

N12000009096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

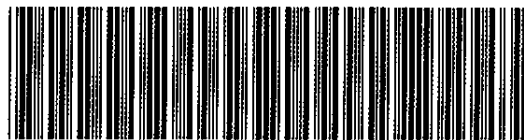
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Wild Cats Paw Prints 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: Andrew Necolettos  
Name (Printed or typed)

2901 Aldon Farming Road  
Address

Clewston ,Florida 33440  
City, State & Zip

863 - 222 7310  
2901 ALDON FARMING ROAD Phone number

nburnette@edison.edu  
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**

Wild Cats Paw Prints Inc.

The name of the corporation shall be:

## **ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

2901 ALDON FARMING road

Clewiston, Florida 33440

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SEP 24 11:27 AM  
MAILING ADDRESS, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVIDE HEALTH ,WELFARE, AND SAFETY FOR EXOTIC ANIMALS IN NEED OF A LIFE TIME HOME.

## **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Election Votes

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

Name and Title: President Andrew Necolettos

Address: 2901 Aldon Farming Road

Clewiston, Florida

33440

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

Address: \_\_\_\_\_

Name and Title: Director Nancy Burnette

Address: 10809 U.S. 27 South

Sebring, Florida

33876

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

Address: \_\_\_\_\_

Name and Title: Secterary and Treasurer

Address: Denis Charbonneau

527 Main Avenue

Palmdale, Florida 33944

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: Andrew Necolettos

Address: 2901 Aldon Farming Road

Clewiston, Florida

33440

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

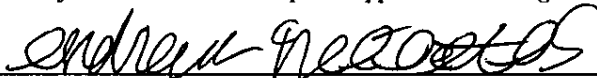
Name: Nancy Lee Burnette

Address: 8053 North West Main Avenue

Palmdale, Florida

33944

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

September 1st, 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

September 1st 2012

Date