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| (Requestor's Name) | | | | | |
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| PICK-UP | WAIT | MAIL | | | |
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| (Business Entity Name) | | | | | |
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| Special Instructions to | Filing Officer: | | | | |
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Office Use Only

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ECRETARY OF STATE

MRP /13

COVER LETTER

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

| SUBJECT: | T: Sunshine State Shar Pei Rescue | | | | |
|------------------------|-----------------------------------|------------------------------|----------------|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCLUI</u> | DE SUFFIX) | | |
| | | | | | |
| | | | | | |
| Enclosed is an origina | al and one (1) copy of the Ar | ticles of Incorporation and | a check for: | | |
| \$70.00 | \$78.75 | ■ \$78.75 | \$87.50 | | |
| Filing Fee | Filing Fee & | Filing Fee | Filing Fee, | | |
| i ming i co | Certificate of | & Certified Copy | Certified Copy | | |
| | Status | ac common copy | & Certificate | | |
| | | ADDITIONAL CO | PY REQUIRED | | |
| | | | | | |
| FROM | ر. Bronia Wroblewska-Pot | ts | | | |
| | Name (P | rinted or typed) | - | | |
| | 1330 Red Fox Run | | | | |
| Address | | | - | | |
| Deltona, FL 32725 | | | | | |
| | _ | | | | |
| (386) 479- 0340 | | | | | |
| • | Daytime T | elephone number | - | | |
| | mai-tai@cfl.rr.com | | | | |

NOTE: Please provide the original and one copy of the articles.

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

13 JUN 14 AM 10: 24

DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA'

April 10, 2013

BRONIA WROBLEWSKA-POTTS 1330 RED FOX RUN DELTONA, FL 32725

SUBJECT: SUNSHINE STATE SHAR PEI RESCUE

Ref. Number: W13000020937

We have received your document for SUNSHINE STATE SHAR PEI RESCUE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Verify the spelling of the word Pie in Article III listing the purpose for the corporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 013A00008494

| ARTICLE I | NAME | Sunshine State Shar Pei Re | ecua Inc |
|-------------------|---------------------------|-------------------------------|---|
| | e corporation shall be: | | |
| ARTICLE II | PRINCIPAL OFF | <u>(CE</u> | FILED |
| | Principal street address | ss: | Mailing address, if different ill N 14 PN 2: 4; |
| 13 | 30 Red Fox Run | | SEGRETARY OF STATE TALLAHASSEE, FLORIDA |
| De | eltona, FL 32725 | | MLLMINGSEE, FLORIDA |
| ARTICLE III | | | |
| | | | omeless Shar Pie through rescuing, fostering, and providing |
| | | | h adoptions. We are volunteers committed to the |
| improvement | of the Shar Pei comm | nunity with involvement of a | all members in education and promoting responsible |
| ownership. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | Directors are |
| <u>ARTICLE IV</u> | MANNER OF EL | ECTION The manner in w | which the directors are elected and appointed: Directors are |
| elected through | gh members unanimo | us voting of them for specif | fic offices. |
| | | | |
| ARTICLE V | INITIAL OFFIC | ERS AND/OR DIRECTOR | 28 |
| MITODD V | HATELE OF THE | DIG III DIG TO | <u> </u> |
| | Bronia Wroblewska-Po | otts | Surv Cohan-Gordon - Sacrataria C |
| Name and Title | President | Name a | nd Title: 3029 Collett-Gordon - Secretar |
| Address | 1330 Red Fox Run | Address | The Woodlands, TX 77385 The Woodlands, TX 77385 The Woodlands, TX 77385 |
| | Deltona, FL 32725 | | The Woodlands, TX 77385 |
| | | · | 而是 是 D |
| | | | ORA 2: |
| Name and Title | Jan Sprinkle - Vice Pre | esident Name a | nd Title: \$\frac{1}{2} \frac{1}{2} \frac{1}{2} |
| Address | 205 Pelican Road | Address | s: |
| | Woodbine, GA 31569 | | |
| | | | |
| Name and Title | : Diane Hollister - Treas | surer Name a | nd Title: |
| | 3057 Shady Drive | | |
| Address | Jacksonville, FL 32257 | Address | 5. |
| | Jacksonvine, FL 3223/ | | |
| | | | |