

N13000008475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

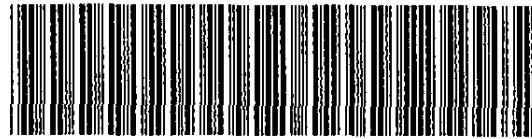
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~~W13 49223~~

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 SEP 16 PM 3:22

114

COVER LETTER

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

SUBJECT: Hands & Paws For Pasco, 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: Constance Loring
Name (Printed or typed)

5116 Billings Drive
Address

Holiday, FL 34690
City, State & Zip

727-505-4734
Daytime Telephone number

pupluv83@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2013

CONSTANCE LORING
5116 BILLINGS DRIVE
HOLIDAY, FL 34690

SUBJECT: HANDS & PAWS FOR PASCO, INC.
Ref. Number: W13000049223

We have received your document for HANDS & PAWS FOR PASCO, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 413A00020983

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

ARTIE'S HANDS! PAWS

FOR PASCO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5116 Billings Drive

Holiday, FL 34690

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To rescue animals from Pasco County Animal Services that would otherwise be euthanized due to severe illness or injury.

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DIVISION OF CORPORATIONS
2013 SEP 16 PM 3:22

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By the President and Founder of:

*Artie's Hands! Paws
For Pasco, Inc.*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Constance Loring, President

Name and Title: Angela K. Kaul, Vice President

Address: 5116 Billings Drive.

Address: 8942 Windsong Lane

Holiday, FL 34690

Port Richey, FL 34668

Name and Title: Jessica Caplette, Secretary, Treasurer

Name and Title: Margaret Emmell, Director

Address: 7050 Frascati Loop

Address: 5028 Billings Drive

Wesley Chapel, FL 33544

Holiday, FL 34690

Name and Title: Tracy Clemmer, Director

Name and Title: _____

Address: 39445 Tabetha Drive

Address: _____

Zephyrhills, FL 33542

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 SEP 16 PM 3:22

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Constance Loring

Address: 5116 Billings Drive

Holiday, FL 34690

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Constance Loring

Address: 5116 Billings Drive

Holiday, FL 34690

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

Constance Loring
Required Signature of Registered Agent

8/27/13
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.

Constance Loring
Required Signature of Incorporator

8/27/13
Date

Constance Loring