

NH000000165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

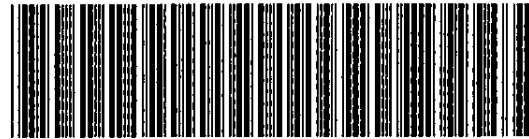
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **Furever Friends Animal Rescue 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: **Joanne Wilde**
Name (Printed or typed)

2982 Keene Park Dive
Address

Largo, FL 33771
City, State & Zip

727-518-4014
Daytime Telephone number

joannewilde1@hotmail.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)

ARTICLE I NAME

The name of the corporation shall be: Furever Friends Animal Rescue Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2982 Keene Park Drive
Largo, FL 33771

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Furever Friends Animal Rescue is an all
volunteer rescue organization dedicated to saving the lives and rehoming
dogs and cats from local shelters.

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

Vote by current Officers.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Debra A Cioffi - President
Address: 1995 Creek Road
Lakeland FL 33809

Name and Title: Joanne Wilde - Treas
Address: 2982 Keene Park Drive
Largo FL 33771

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

14 JAN -3 AM 7:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

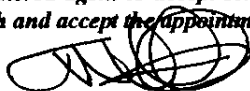
Name: Joanne Wilde
Address: 2982 Keene Park Drive
Largo FL 33771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joanne Wilde
Address: 2982 Keene Park Drive
Largo FL 33771

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

12/30/13

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.



Required Signature of Incorporator

12/30/13

Date

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TALLAHASSEE FLORIDA