

N1400000310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

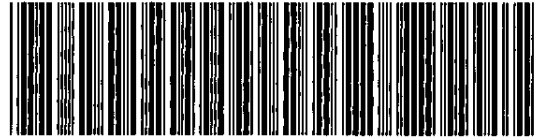
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/28/14--01014--013 **78.75

LED
SECRETARY OF STATE
DIVISION OF CORPORATION
14 MAR 28 AM 9:40

4-10-14

COVER LETTER

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

SUBJECT: Wildlife Forgiveness 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: Jessica K. Biddle
Name (Printed or typed)

38614 Clinton Ave
Address

Ocala City, FL 33525
City, State & Zip

352-303-108107
Daytime Telephone number

JESSICA11@YAHOO.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: Wildlife Forgiveness Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
14 MAR 28 AM 9:40

ARTICLE II PRINCIPAL OFFICE

Principal street address:

38614 Clinton Ave
Dade City, FL 33525

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Wildlife Sanctuary

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Plurality

As Stated in the By Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jessica Bickle President

Name and Title: _____

Address

38614 Clinton Ave
Dade City, FL 33525

Address: _____

Name and Title: Patrick Andrew Bickle Jr
Vice President

Name and Title: _____

Address

38614 Clinton Ave
Dade City, FL 33525

Address: _____

Name and Title: Gregory Christopher Rich

Name and Title: _____

Address

Treasurer
17621 Spring Valley Rd
Dade City, FL 33525

Address: _____

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: Jessica Biddle

Address: 38614 Clinton Ave

Dade City, FL 33525

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patrick Andrew Biddle Jr

Address: 38614 Clinton Ave


Dade City, FL 33525

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

3/20/14
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

3/20/14
Date

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352-303-10867
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