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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

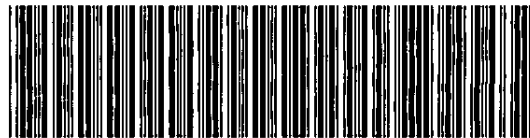
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2014 SEP 14 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W14-48746

## COVER LETTER

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

SUBJECT: Pawsitive Pet Rescue/Foster/Rehab, 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: Tressa Jean Hipple  
Name (Printed or typed)

389 River Bluff Circle  
Address

Debary, FL 32713  
City, State & Zip

321-439-5381  
Daytime Telephone number

jeannehipple@bellsouth.net

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: Pawsitive Pet Rescue/Foster/Rehab, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
389 River Bluff Circle, Debary, FL 32713

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Foster pets (primarily dogs) in need of homes  
and provide Veterinary care and basic training, then find suitable permanent  
homes for those pets. Also provide assistance to other pet rescue organizations  
as resources allow.

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

Annual Vote

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

Name and Title: Tressa Jean Hipple, President & Treasurer

Address: 389 River Bluff Circle  
Debary, FL 32713

Name and Title: Christopher M. Hipple, Vice President

Address: 1918 Dupont Court  
Deltona, FL 32725

Name and Title: Haley Sawyers, Foster Care Coordinator

Address: 1619 Urbana Avenue  
Deltona, FL 32725

Name and Title: Debbie Berkebile, Fund Raising Director

Address: 4719 Alfred Street  
Cocoa, FL 32927

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

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

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

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

SECRETARY OF STATE  
RECEIVED  
SEP 14 2014

14 SEP -6 AM 9:56

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

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

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

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

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**ARTICLE VI REGISTERED AGENT**

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

Name: Tressa Jean Hipple

Address: 389 River Bluff Circle

Debary, FL 32713

14 SEP -4 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Tressa Jean Hipple

Address: 389 River Bluff Circle

Debary, FL 32713

*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

7-31-14

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

7-31-14

Date