

N 14000010087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

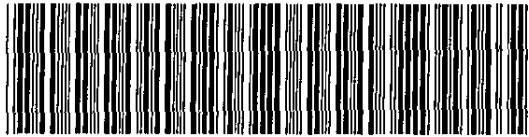
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T. SCOTT



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DIVISION OF REVENUE

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

ARTICLE I NAME

The name of the corporation shall be: KATHY'S KRITTERS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
931 W KEENE RD
APOPKA, FL 32703

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A NOT FOR PROFIT ENTITY THAT WILL PROVIDE A SAFE ENVIRONMENT FOR CHILDREN AND ANIMALS TO INTERACT IN A FARM SETTING

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>CHERYL CUTLER - P/T</u>	Name and Title:	_____
Address	<u>6535 CANTERLEA DR</u>	Address:	_____
	<u>ORLANDO, FL 32818</u>		_____

Name and Title:	<u>TERESA PARLIAR - VP/T</u>	Name and Title:	_____
Address	<u>901 W KEENE RD</u>	Address:	_____
	<u>APOPKA, FL 32703</u>		_____

Name and Title:	<u>CONNIE POLSTON - T</u>	Name and Title:	_____
Address	<u>1026 JEROME WAY</u>	Address:	_____
	<u>APOPKA, FL 32703</u>		_____

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DIVISION OF CORPORATE AFFAIRS

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: MAURICE ROBINSON

Address: 1901 W COLONIAL DR/STE 11

ORLANDO, FL 32804

14 OCT 27 PM 4: 18
DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLE VII INCORPORATOR

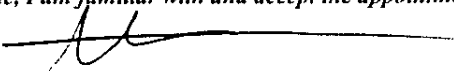
The **name and address** of the Incorporator is:

Name: CHERYL CUTLER

Address: 6535 CANTERLEA DR

ORLANDO, FL 32818

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

10/10/14

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

10/10/14

Date

October 30, 2014

Division of Corporation
Tallahassee, FL

To Whom It May Concern,

This letter is to inform the necessary parties that I Sheryl Cutler of the lone director of the dissolved entity known as "Kathy's Kritters Inc., document number P14000073429". I am granting permission for this name to be available for use immediately.

Cordially yours,


Sheryl Cutler

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL