

NA00001163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

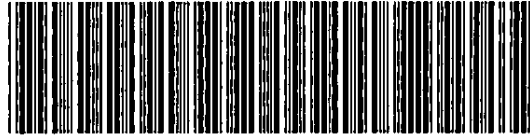
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 DEC -5 AM 8:48
FBI - NEW YORK
RECEIVED

COVER LETTER

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

SUBJECT: **PAIR-A-DIME, 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: **HEATHER COOPERMAN**

Name (Printed or typed)

1401 NE 53 ST #107

Address

FORT LAUDERDALE FL 33334

City, State & Zip

954-235-2952

Daytime Telephone number

VEGGIEFESTSFL@GMAIL.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: PAIR-A-DIME, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2768 NORTHWEST 29TH TERRACE
BUILDING #7
LAUDERDALE LAKES FL 33311

Mailing address, if different is:
2681 NORTH FLAMINGO RD #2504
SUNRISE FL 33323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Pair-A-Dime's purpose is to help, support and fund South Florida's animal rescue, relief nonprofits, conservation and environmental movements.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TRAVIS VIOLA PRESIDENT
Address: 2681 N. FLAMINGO DR
#2504.
SUNRISE FL 33323

Name and Title: HEATHER COOPERMAN EXECUTIVE DIRECTOR/VP
Address: 1401 NE 53 ST 107
FORT LAUDERDALE FL 33334

Name and Title: KEEGAN HARRICHARAN SECRETARY & TREASURY
Address: 10637 LA PLACIDA DR
CORAL SPRINGS FL 33065

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

14 DEC -5 AM 8:48
FALL DADE COUNTY CLERK
JANET L. LINDSEY

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: TRAVIS VIOLA
Address: 2681 N FLAMINGO RD 2504
SUNRISE FL 33323

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KEEGAN HARRICHARAN
Address: 10637 LA PLACIDA DR.
CORAL SPRINGS FL 33065

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STATE OF FLORIDA
DEPARTMENT OF STATE

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-DEC-2014
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

12-03-14
Date