## 150001171

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	<del></del>
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(1)	and Niverban	
(υ	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

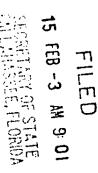
Office Use Only

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- 2/5/15

## **COVER LETTER**

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

SUBJECT:	(PROPOSED CORPORAT	E NAME – MUST INCLUI	DE SUFFIX)	-		
Enclosed is an original a	and one (1) copy of the Artic $\square$ \$78.75	cles of Incorporation and	a check for:			
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate			
FROM: Chizaboth Page Name (Printed or typed)						
	465 S. Or	tarab # 3	211	피		
	Mastland City, St	1 3275 ate & Zip	SSEE, FLOR	ILEU		
HO8-759-9763  Daytime Telephone number						

NOTE: Please provide the original and one copy of the articles.



RECTIVED

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SE DE TANCET STATE
FALLAHASSEL FEBRIDA

January 13, 2015

ELIZABETH PAGE 465 S. ORLANDO #211 MAITLAND, FL 32751

SUBJECT: RESCUE A VET Ref. Number: W15000002414

We have received your document for RESCUE A VET and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Bylaws are not filed with this office. Please retain them for your records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 515A00000695

FILEU
15 FEB -3 AM 9:01

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

	e corporation shall be:	hescue	H VOT	111000	<u>//</u>
ARTICLE II	PRINCIPAL OFFICE	<del>}</del>		TOP Y	
)	Principal street address:	4	Mailing a	ddress, if different is:	S/2 01
70	\$ 5 Oc	1000			
7	31/				<del>-7</del>
$\mathcal{L}$	whlend	J FL 3279	5)		
ARTICLE III	PURPOSE				\ <u>`</u>
The purpose for	r which the corporation is or	•			SHOONS
Cude	To hon	eless or	9 0,50	Doled Di	Skrons
****	•				
<del></del>					
ARTICLE IV		TION The manner in wh	ich the directors are ele	cted and appointed:	
pd re	nte of to	archers			<del></del>
ARTICLE	INITIAL OFFICERS	S AND/OR DIRECTORS	$\mathbb{F}\left(\mathbb{Q}\right)$	TO THE TOTAL PROPERTY OF THE PARTY OF THE PA	_ ,
Name and Title:	Kalvin 1	Name and	A Title	n Strop o	- Poth for
Address	41 Joan 1	Address:	97451	Smoot To	to
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		N. 55-75 N		vegas n	IN 89166
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Name and sides Address Name and ritle: Address	Fring 1 2000 South	CA 95120	d Titles	Vegas n	- - - - - -

Name and Title:	Name and Title	· · ·
Address	Address:	
		<del></del>
Name and Title:	Name and Title:	<del></del>
Address	Address:	<del></del>
<u> </u>	<del></del>	<del></del>
ARTICLE VI REGISTERED A	AGENT (P.O. Box NOT acceptable) of the registered agent is:	
Name: Elizaba	The Roce	
Address: 465 S	11 CH 200 -	
	2001	
Marka	1 CI SC PT LIVE	
ARTICLE VII INCORPORATO		
The <u>name and address</u> of the Incorpora	itor is:	
Name: Cl (Zolo)	12th tace	
Address:	CC/0100 # 211	
Most	1012 Jan 151	
Having haan named as registered ages	nt to accept service of process for the above stated corporation a	t the place designated in this
certificate, I am familiar with and accep	pt the appointment as registered agent and agree to act in this capa	city
	1-	6-2015
•	grandre de Begistered Agent	Date
I submit this document and affirm that to the Department of State constitutes a	the facts stated herein are true. I am aware that any false information third degree felony as provided for in s.817.155, F.S.	tion submitted in a document
		1 - 7610
Required	d Signature of Incorporator	Date
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