

N/5000001468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

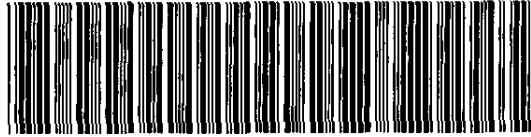
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 12 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Furry Friends of Florida, 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: Tucker Byrd
Name (Printed or typed)

180 Park Ave, N., Suite 2A
Address

Winter Park, FL 32789
City, State & Zip

407-749-0777
Daytime Telephone number

tbyrd@byrdtrialgroup.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: Furry Friends of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
180 Park Avenue, North
Suite 2A
Winter Park, FL 32789

Mailing address, if different is:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct activities that are charitable,
religious, educational, scientific, literary, testing for public
safety, fostering national or international amateur sports
competition, or preventing cruelty to children or animals.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: is contained
in the corporation's bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Tucker Byrd/Director</u>	Name and Title:	_____
Address	<u>180 Park Avenue, N</u>	Address:	_____
	<u>Suite 2A</u>		_____
	<u>Winter Park, FL 32789</u>		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	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:

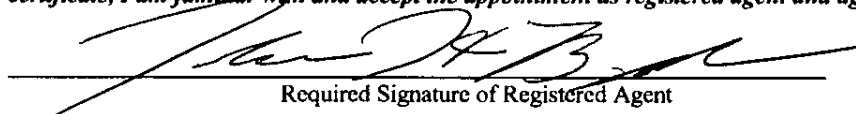
Name: Tucker Byrd
Address: 180 Park Ave, N, #2A
Winter Park, FL 32789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

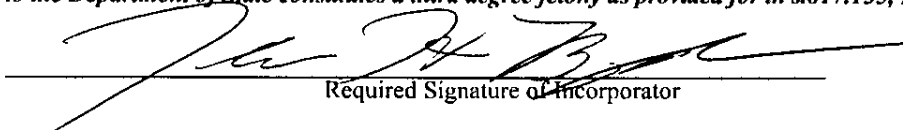
Name: Tucker Byrd
Address: 180 Park Ave, N., #2A
Winter Park, FL 32789

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

2/2/15
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

2/2/15
Date