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COVER LETTER

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

SUBJECT: Elephant Freedom Sanctuary, 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

S78.75 Filing Fee & Certificate of Status S78.75 Filing Fee & Certified Copy

Safety States St

ADDITIONAL COPY REQUIRED

FROM: Cynthia Rayment

Name (Printed or typed)

2800 NE Indian River Dr.

Address

Jensen Beach, FL 34957

City, State & Zip

561-889-5468

Daytime Telephone number

preciouspilates@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)

1 1 _____

<u>ARTICL</u>	E II PRINCIPAL OFFICE			
2	Principal <u>street</u> address: 2800 NE Indian River Dr	<u> </u>	Mailing address, if different is: V/A	
-	lensen Beach, FL 34957			
	se for which the corporation is organized is:		new home which contributes to the ov ired from captivity in which they	
abused	and exploited for entertainme	ent in estab	lishments such as zoos and circ	cuse
This wi	ill include elephants with calve	es and orph	ans. These creatures who are s	ocia
comple	ex, sensitive, and exceedingly	intelligent f	ace an ongoing global crisis whi	ich v
aim to	fight through educational prog	rame		
	ngin unougn educational prog	ianis.		
			to other organizations benefiting elephants.	
Upon disa	solution of this entity, all remaining assets	will be donated	Diroct	ors w
Upon diss	solution of this entity, all remaining assets	will be donated	the directors are elected and appointed: Directo	ors w
Upon diss	colution of this entity, all remaining assets The MANNER OF ELECTION The sted and appointed through no	will be donated manner in which t minations a	the directors are elected and appointed: Directo	ors W
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Name and Title	" <u>N/A</u>	Name and Title: N/A		
Address				
Name and Title: Address	N/A			
ARTICLE VI The <u>name and F</u> Name:	<u>REGISTERED AGENT</u> Torida street address (P.O. Box NOT acce Cynthia Rayment	ptable) of the registered agent is:		
Address:	2800 NE Indian River Dr. Jensen Beach, FL 34957	- <u></u>		
ARTICLE VII The <u>name and a</u>	INCORPORATOR ddress of the Incorporator is:			
Name:	Cynthia Rayment			
Address:	2800 NE Indian River Dr.			
	Jensen Beach, FL 34957	, 	TAI	
Having been na certificate, I am j	med as registered agent to accept service of familiar with and accept the appointment as	of process for the above stated corpo s registered agent and agree to act in	pration at the place designation at the place designation at the place design at this capacity	5 FB2 in this B2 25
	Required Signature of Registered	Agent		
I submit this doci to the Departmen	ument and affirm that the facts stated herei it of State constitutes a third degree felony a	in are true. I am aware that any false is provided for in s.817.155, F.S.		iacument
<u>Cyah</u>	ia Raymon Required Signature of Incorp		0/02/15 Date	

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