

N15 00005882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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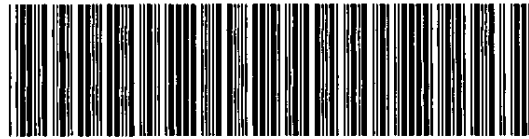
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/08/15--01023--006 **87.50

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15 JUN - 8 PM 3:51
CLERK OF SUPERIOR COURT
ALABAMA

JP 6/12/15

COVER LETTER

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

SUBJECT: Critter Crusaders of North Central 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: Albert Rese
Name (Printed or typed)

5391 NW 137th Lane
Address

Chiefland, FL 32626
City, State & Zip

352-493-4857
Daytime Telephone number

Lkathryn5@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

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CLERK OF CIRCUIT COURT
JANET L. HARRIS
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Critter Crusaders of North Central Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5391 nw 137th lane

Mailing address, if different is:

Chiefland, FL 32626

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Enhancing the quality of life of pets by creating
affore ways to assist pet owners supply the essential needs for their pets
and when necessary assist in the re-homing of their pets.

Exclusive to limited income, unemployed, seniors, handicaped and homeless persons.

In the event the entity is terminated, the assets will be turned over to
another 501c3 organization.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors
appointed and elected annually.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Albert Rese President
Address: 5391 NW 137th Lane
Chiefland, FL 32626

Name and Title: Patricia Dillon Director
Address: PO Box 1031
Old Town, FL 32680

Name and Title: Lucille Rese VP
Address: 5391 NW 137th Lane
Chiefland, FL 32626

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
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: Albert Rese

Address: 5391 NW 137th Lane
Chiefland, FL 32626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Albert Rese

Address: 5391 NW 137th Lane
Chiefland, FL 32626

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Albert L Rese
Required Signature of Registered Agent

06/03/15
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.

Albert L Rese
Required Signature of Incorporator

06/03/15
Date