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SECRETARY OF STAIL DIVISION OF CORPORATION

EFFECTIVE DATE <u>68/28/15</u>

2 09/02/15

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

SUBJECT: POLKA DOGZ PET RESCUE, 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: HEIDI HARDMAN
Name (Printed or typed)

505 Macchi Ave
Address

Oakland FL 34787
City, State & Zip

727-510-6445

Daytime Telephone number

HEIDIRESCUESE GMAIL. COM E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME The name of the corporation shall be: POLKA DOGZ	PET RESCUE, INC.
ARTICLE II PRINCIPAL OFFICE Principal street address:	Mailing address, if different is: Mailing address, if different is:
Oakland FL 34787	RY OF STATE CORPORATIO
and injured homeless domestic ar	ue, renabilitate, + rehome neglected. nimals while engaging the hearts and munity on responsible pet ownership
	sors and donations to support its
ARTICLE IV MANNER OF ELECTION The manner in which to BY-laws. ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	h the directors are elected and appointed: According
Name and Title: <u>Heidi Hardman</u> , president Name and Address 505 Macchi Ane Address Oakland FC 34787	and Title: Jessica tempel ss: 11953 Willow Grone Lane Clermont FL 34711
Name and Title: <u>Aaron</u> Stein, treasurer Name and Address 505 Macchi Aue Address Oakland & 34787	
Name and Title: Melanie Hamilton-Tucker Name: Address Blo3 Lakeside Dr. Address Walaha FC 34797	

iyarme ana rine.	Linda Rock, Secretary	Name and Thie,	Dr. Maureen	Burton	7	
Address 1	Linda Rock, Secretary 570 Baron's Ct.	Address:	783 Predmont	wekiva	L R	₹,
<u>U</u>	Vinter Garden FL 347	¢ 7	Apopka, FL	3270	3	
Name and Title:_		Name and Title:				
Address		Address:				
_						
				<u>.</u>		
	REGISTERED AGENT orida street address (P.O. Box NOT acce	otable) of the regis	stered agent is:			
Name:	Heid Hardman		J		5	SEVID
Address:					AUG	CRE T
rtaaress.	505 marchi Ave Dakland R 34787				26	FILE ARY OF CO
	Variates 10				AM IO:	중유다 유·S
	INCORPORATOR Idress of the Incorporator is:					TAIL ATTO:
Name:	Heidi Hardman				_	₹.
	505 march And	·				
Address:	505 marchi Ane Oakland FL 34	707				
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific an	8 28 5 ad cannot be mor	(OPTIONAL) re than five business days	prior or 90 b	usine	ss days
Note: If the date	inserted in this block does not meet the aptive date on the Department of State's reco		filing requirements, this d	late will not be	listed	as the
	ned as registered agent to accept service amiliar with and accept the appointment a	s registered agent	t and agree to act in this ca		design	ated in this
	Required Signature of Registered			8/28/ Date	15	
	. , -	_				
to the Departmen	ument and affirm that the facts stated here t of State cogstitytes a third degree felony	as provided for in	s.817.155, F.S.	mation submitt	ted in	a document
4	Required Signature of Incor			8/2 8 /	15	_
	Required Signature of Incor	porator		Date		_