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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900275842279

08/10/15--01019--001 **78.75

15 SEP 15 AM 11:14
RECEIVED
FILING OFFICE

W15-54780 CMD 9/16

COVER LETTER

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

SUBJECT: Paws-N-Claws Foundation, 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: Gina D. Dean
Name (Printed or typed)

1005 Kentucky Ave
Address

Fort Pierce, FL 34950
City, State & Zip

772-971-0001
Daytime Telephone number

adbeey@gate.net
E-mail address (to be used for future annual report notification)

RECEIVED AUG 31 2015

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2015

GINA D. DEAN
1005 KENTUCKY AVENUE
FORT PIERCE, FL 34950

SUBJECT: PAWS-N-CLAWS FOUNDATION
Ref. Number: W15000054780

We have received your document for PAWS-N-CLAWS FOUNDATION and your check(s) totaling \$78.75. 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.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

We are enclosing the proper form(s) with instructions for your convenience.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 415A00017189



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2015

GINA D. DEAN
1005 KENTUCKY AVENUE
FORT PIERCE, FL 34950

SUBJECT: PAWS-N-CLAWS FOUNDATION
Ref. Number: W15000054780

We have received your document for PAWS-N-CLAWS FOUNDATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 415A00017189

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

ARTICLE I NAME

The name of the corporation shall be: Paws - N' Claws Foundation, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1005 Kentucky Ave
Fort Pierce, FL 34950

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote pet adoption and
reduce unnecessary euthanasia for pets

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors
are elected/appointed by incorporator or/and registered Agents

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gina Di Dean P

Address: 1005 Kentucky Ave
Fort Pierce, FL 34950

Name and Title: Agnes Mical - V

Address: 4067 Garden Villas Court
Fort Pierce, FL 34982

Name and Title: Tarnecia Mack T

Address: 815 SW. St Julien Ct
Port St. Lucie FL 34986

Name and Title: Susan Christian - S

Address: 9760 Linderle Trace Blvd
Port St Lucie FL 34987

Name and Title: Valerie Carroll - B

Address: 4483 NW Cove Circle
PSL, FL 34983

Name and Title: Beryl Munter - Quinn

Address: 4067 Garden Villas Court
Pierce, FL 34982

AMBR

Name and Title: Darryl Boy AMBR Name and Title: _____

Address: 1005 Kentucky Ave Address: _____
Fort Pierce, FL 34950

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: Gina D Dean

Address: 1005 Kentucky Ave
Fort Pierce, FL 34950

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CLERK OF COURT
STATE OF FLORIDA
CLERK OF COURT

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gina D. Dean

Address: 1005 Kentucky Ave
Fort Pierce, FL 34950

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature]
Required Signature of Registered Agent

8/22/2015
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.

[Signature]
Required Signature of Incorporator

8/22/2015
Date