

N15000009041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

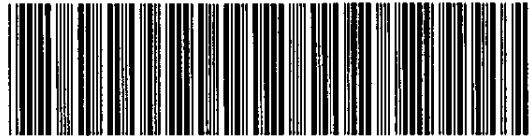
Special Instructions to Filing Officer:

~~W15-60347~~  
~~W15-52155~~

Office Use Only

~~P14-51772~~

~~109-2544, 2976, 611~~



300275443423

07/30/15--01015--010 \*\*78.75

2015 SEP 17 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 21 2015

T. BROWN

**COVER LETTER**

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

**SUBJECT:** ForgetMeNot Kids and Pets , Corp.

(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:** Victoria Garcia  
\_\_\_\_\_  
Name (Printed or typed)

1461 Lugo Avenue  
\_\_\_\_\_  
Address

Coral Gables, FL 33156  
\_\_\_\_\_  
City, State & Zip

305-586-4694  
\_\_\_\_\_  
Daytime Telephone number

fmnorganization@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2015

VICTORIA M. GARCIA  
1461 LUGO AVE  
CORAL GABLES, FL 33156

SUBJECT: FORGETMENOT, CORP.  
Ref. Number: W15000052155

We have received your document for FORGETMENOT, CORP. 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P14000051772.

Please return 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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 915A00016226

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

**ARTICLE I NAME**

The name of the corporation shall be: ForgetMeNot Kids and Pets , Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1461 Lugo Avenue

Coral Gables , FL 33156

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To protect children and animals from being involved in events such as suffocation and heat stroke which occur from being left in a motor vehicle. Valuing children and animals, informing families and educating communities is at the forefront of our purpose. ForgetMeNot Kids and Pets hopes to raise awareness of this very serious issue and through working together with members of this community , help save the lives of children left inside motor vehicles.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As stated in bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lili Sevilla (Director) Name and Title: \_\_\_\_\_

Address 16994 SW 90th Terrace Address: \_\_\_\_\_  
Miami FL, 33156

Name and Title: Victoria Garcia (Director) Name and Title: \_\_\_\_\_

Address 1461 Lugo Avenue Address: \_\_\_\_\_  
Coral Gables, FL 33156

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: Victoria Garcia  
Address: 1461 Lugo Avenue  
Coral Gables , FL 33156**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Victoria Garcia  
Address: 1461 Lugo Avenue  
Coral Gables , FL 33156**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*Victoria Garcia

Required Signature of Registered Agent

9/17/15

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.*Victoria Garcia

Required Signature of Incorporator

9/17/15

Date