

N15000010626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

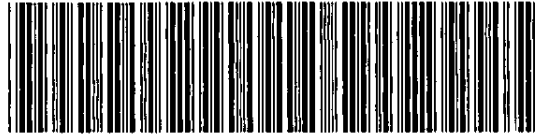
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15 OCT 30 PM 1:25

APPROVED  
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15 OCT 30 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/1

## COVER LETTER

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

**SUBJECT:** FOREST CAPITAL HUMANE SOCIETY, 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: CATHERINE N. Schoenfeld  
Name (Printed or typed)

414 N ORANGE ST  
Address

PERRY FL 32347  
City, State & Zip

850-556-6460  
Daytime Telephone number

Cns1946@gmail.com  
E-mail address: (to be used for future annual report notification)

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

APPROVED  
AND  
FILED

**ARTICLES OF INCORPORATION**

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

15 OCT 30 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: FOREST CAPITAL HUMANE SOCIETY, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing Address, if different is:

414 N. Orange St.  
Perry, Florida 32347

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To rescue, nurture and adopt companion animals in an effort to save those who are facing euthanasia and to promote education in the schools and community to reduce animal cruelty, overpopulation, and advance the highest standards in animal welfare.

The corporation is organized exclusively for charitable and education purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE IV MANNER OF ELECTION**

The method of election of directors is stated in the Bylaws of the corporation.

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

Name and Title: Catherine N. Schoenfeld  
President/Executive Director

Address: 414 N. Orange St.  
Perry, FL 32347

Name and Title: Barry Gross  
Vice President

Address: PO Box 10542  
Tallahassee, FL 32302

Name and Title: Jo Ann Parker  
Secretary/Treasurer

Address: 3888 Foley Cut Off Rd.  
Perry, FL 32348

#### ARTICLE VI DEDICATION OF ASSETS

Upon the dissolution, termination, or winding up of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

#### ARTICLE VII REGISTERED AGENT

The name and Florida Street Address of the registered agent is:

Name: Jo Ann Parker

Address: 3888 Foley Cut Off Rd.  
Perry, FL 32348

#### ARTICLE VIII INCORPORATOR

The name and address of the Incorporator is:

Name: Catherine N. Schoenfeld

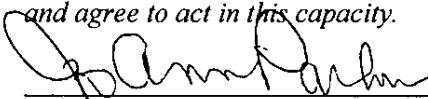
Address: 414 N. Orange St.  
Perry, FL 32347

#### ARTICLE IX EFFECTIVE DATE

The effective date of filing: \_\_\_\_\_ (Optional)

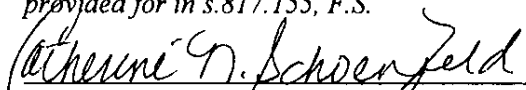
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

*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.*

  
\_\_\_\_\_  
Required Signature of Registered Agent

10-29-15  
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 provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature of Incorporator

10-29-2015  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED