

N15000011107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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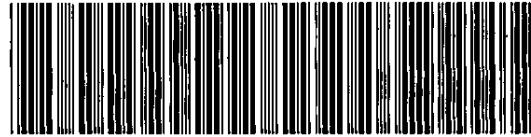
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Pet Orphans, 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: Norman Freedman
Name (Printed or typed)

358 Chestnut Hill Ave.
Address

Brighton, MA 02135
City, State & Zip

617 2776604
Daytime Telephone number

bigjohn2500@aol.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Pet Orphans, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

19190 SW 248 W St.

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide humane treatment to animals

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

ballot

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15 NOV 18 AM 11:46

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Zaplin, director
pres.

Address: 8777 Collins Ave, #512
BEACH
Miami, FL 33149

Name and Title: Susan Schenck, treasurer, director

Address: 15875 SW 280th St.
Homestead, FL 33031

Name and Title: Eugene Magier, director

Address: 35 Brandeis Rd.
Newton, MA 02459

Name and Title:

Address:

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: Michael Zuplin

Address: 8777 Collins Ave., #512
BEACH
MIAMI, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Zuplin

Address: 8777 Collins Ave., #512
BEACH
MIAMI, FL 33143

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

Michael C. Zuplin
Required Signature of Registered Agent

10-28-15
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.

Michael C. Zuplin
Required Signature of Incorporator

10-28-15
Date