

N16000001441

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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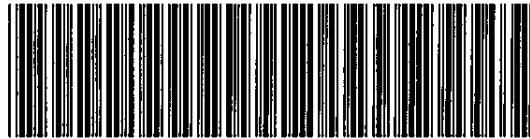
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Culligan

FEB 15 2016

COVER LETTER

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

SUBJECT: THE MONKEY'S UNCLE PROJECT, 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: Michael Schendowich

Name (Printed or typed)

1085 NE 134th Street

Address

North Miami, FL 33161

City, State & Zip

786-340-9408

Daytime Telephone number

anointedbusiness@yahoo.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)

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ARTICLE I NAME

The name of the corporation shall be: THE MONKEY'S UNCLE PROJECT, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
1085 NE 134th St.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

North Miami, FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of The Monkey's Uncle Project, Inc. is to promote humane treatment of primates; To provide the necessary care, nourishment, shelter, medical care and general welfare of primates. To provide an educational, safe and fun environment for the public to learn about primates and; To provide a rehabilitational setting for primates injured and for those formerly cared for as domestic pets.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ 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: _____

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 Schendowich
Address: 1085 NE 134th St
North Miami, FL 33161

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Stephanie Anderson
Address: 1085 NE 134th St
North Miami, FL 33161

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

Michael Schendowich
Required Signature of Registered Agent

01-27-16
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

1-27-16
Date