

N16 0000001566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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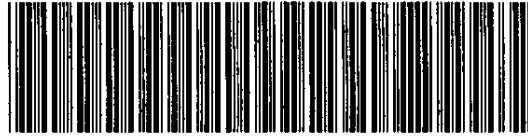
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: For The Love Of Lukey 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: Shannon Sullivan

Name (Printed or typed)

10216 109th Ave

Address

Largo, Fl 33773

City, State & Zip

727-667-2622

Daytime Telephone number

FTLOLukey@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)

ARTICLE I NAME

The name of the corporation shall be: For The Love Of Lukey Foundation, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
10216 109th Ave

Largo, Fl 33773

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To provide funding to organizations who provide medical care and rehabilitation for dogs who have
suffered from severe abuse and neglect including those rescued from the commercial dog breeding industry.

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

Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shannon Sullivan

Address: President
10216 109th Ave
Largo, Fl 33773

Name and Title: Cheryl Dickins

Address: Treasurer
10573 111th Ave
Largo, Fl 33773

Name and Title: Kathy Smith

Address: Director
12225 104th St N
Largo, Fl 33773

Name and Title: Jolynn Dickins

Address: Vice President
3673 Mission Court
Largo, Fl 33771

Name and Title: Marie Conrad

Address: Secretary
431 Plant Ave N
Palm Bay, Fl 32907

Name and Title: Yvonne Weaver

Address: Director
19105 Livingston Ave
Lutz, Fl 33549

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-11-2011 BY 60322

16 FEB 29 PM 3:13

FILED

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: Shannon Sullivan
Address: 10216 109th Ave
Largo, Fl 33773

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Shannon Sullivan
Address: 10216 109th Ave
Largo, Fl 33773


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.

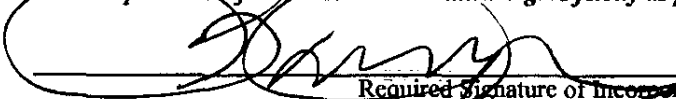
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

02/22/2016
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.



Required Signature of Incorporator

02/22/2016
Date