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COVER LETTER

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

		(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
	original a	and one (1) copy of the Art	ticles 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 Cop & Certificate
			ADDITIONAL COPY REQUIRED	
FROM:	FROM:	Jessica Misora Nai	me (Printed or typed)	-
		3625 Pacetti Road	•	
			Address	-
		Saint Augustine, Florida 3209	92	
		City, State & Zip		
, , 4 ;		904-940-9401		
1		Dayti	ime Telephone number	.

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

ARTICLES OF INCORPORATION OF

Ancient City Angels, Inc.

A NONPROFIT CORPORATION

ARTICLE I - NAME

The name of this corporation is Ancient City Angels, Inc. hereafter "Corporation". The principal office or headquarters for the transaction of business shall be located at 3625 Pacetti Road, St. Augustine, located within the County of Saint Johns and State of Florida. Ancient City Angels, Inc. shall have and shall continuously maintain corporation status in the State of Florida as a registered office and agent.

ARTICLE II DURATION

The period of duration is perpetual.

ARTICLE III PURPOSE

The purpose for which the Corporation is organized is to dramatically improve the lives of shelter and rescue animals, to assist in urgent rescue medical situations to save lives and reduce shelter euthanasia, and to implement resources for others to help in the aid of these animals.

This corporation is organized exclusively for charitable 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 corresponding section of any future federal tax code.

No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) and political campaign on behalf of any candidate for public office. Notwithstanding any provision of this document, the organization shall not carry any other activities not permitted to be carried on (a) an organization exempt from federal income tax under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code or (b) by any organization, contributions to which are deductible under

SECRETARY STATE

section 170 (c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or 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 disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization 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 IV REGISTERED OFFICE/AGENT

The name of the initial registered agent at said address is Jessica Misora. The street address of the initial registered office is 3625 Pacetti Road Saint Augustine, Florida 32092.

ARTICLE V BOARD OF DIRECTORS

The initial Board of Directors and the names and addresses of the persons who are to serve as Directors or until such time as their successors are elected and qualified are as follows:

President:

Jessica Misora

177 Silver Glen Avenue St. Augustine, Florida 32092

The President will oversee the operation of the corporation

and chair meetings of the Board of Directors.

Vice President:

Ryan Meyer

382 Hefferon Drive

St. Augustine, Florida 32092

The Vice President will be in charge of fundraising and event

planning.

Treasurer:

Jessica Misora

177 Silver Glen Avenue

St. Augustine, Florida 32092

The Treasurer shall manage the finances of the corporation.

Secretary:

Ryan Meyer

382 Hefferon Drive

St. Augustine, Florida 32092

The Secretary shall record the minutes of the Board meetings and manage required corporate filings and

communications.

Vice President:

Najla Bell-Meyer DVM

382 Hefferon Drive

St. Augustine, Florida 32092

The Vice President will oversee operations, including

veterinary and education programs.

ARTICLE VI - INCORPORATOR

The name and address of the Incorporator is:

Jessica Misora 177 Silver Glen Avenue St. Augustine , Florida 32092

ARTICLE VII INDEMNIFICATION

The Corporation does hereby indemnify any and all Directors, Officers, employees, Incorporators and/or Shareholders of the corporation from any and all liability with regards to the corporation and the business of the corporation, to the full extent permitted by law.

ARTICLE IX CORPORATE GOVERNANCE

All other matters regarding Corporation's rules of corporate governance are contained within Corporation's bylaws.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation on this 11th day of February, 2016. 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 Name of Incorporator 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 Name of Registered Agent STATE OF FLORIDA, COUNTY OF SAINT JOHNS _____, before me a notary public, the On this date, undersigned authority, the following personally appeared: Jessica Misora, known to me or have satisfactorily proven that me as the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation. IN WITNESS, WHEREOF, I have hereunto set my hand and seal the day and year as written above. AUTUMN RAE LISK (Signature Motary Public)

(Printed Name of Notary Public)

My Commission Expires:

<u>..</u>

Expires 12/2/2017