

N1600002860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

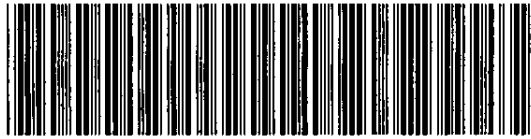
(Business Entity Name)

(Document Number)

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MAR 17 2016  
S. GILBERT

16 MAR 10 PM 2:23

COVER LETTER

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

SUBJECT: B + B Rescue, 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: Christopher McClelland  
Name (Printed or typed)

650 NE 64 Tr #5  
Address

Miami, FL 33138  
City, State & Zip

786-239-9003  
Daytime Telephone number

scrdoral@hotmail.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: B+B Rescue, Inc. 16 MAR 10 PM 2:23

ARTICLE II PRINCIPAL OFFICE

Principal street address:

650 NE 64 Terrace #5  
Miami, FL 33138

Mailing address, if different is:

321 NE 76 St.  
Miami, FL 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To rescue abandoned and homeless dogs and give them medical treatment, rehab them and find them forever homes. Also to educate the public about the need to spay/neuter/vaccinate their dogs for health reasons and to control overpopulation.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher McClelland → President

Address: 650 NE 64 Terrace #5  
Miami, FL 33138

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: Peter Bantini

Address: 2222 SW 14 Ave.  
Miami, FL 33145

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Christopher McCalland

Address: 650 NE 64 tr #5  
Miami, FL 33138

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3-1-16 (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*

Peter Bantini

Required Signature of Registered Agent

3/5/16  
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.*

Christopher McCalland

Required Signature of Incorporator

3/5/16  
Date