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TALLAHASSEE FLORIDA

1/11

COVER LETTER

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

SUBJECT: Poochies Pet 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: Lindsay Grey

Name (Printed or typed)

106 Hollister School Road

Address

Hollister, FL 32147

City, State & Zip

386-916-7876

Daytime Telephone number

PoochiesPetRescue@gmail.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: Poochies Pet Rescue, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
106 Hollister School Rd

Hollister, FL 32147

Mailing address, if different is:

P. O. Box 1032

Hollister, FL 32147

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to rescue animals from kill shelters, rescue animals in urgent surrender situatio

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: Lindsay Grey, President

Address: 106 Hollister School Rd
Hollister, FL 32147

Name and Title: Lorilyn Berry, Vice President

Address: 13052 Mount Pleasant Rd
Jacksonville, FL 32225

Name and Title: Nathan Willis, Secretary

Address: 13052 Mount Pleasant Rd
Jacksonville, FL 32225

Name and Title: Melissa Casey, Treasurer

Address: 257 Peregrine Court
Jacksonville, FL 32225

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Melissa Casey
Address: 257 Peregrine Court
Jacksonville, FL 32225

ARTICLE VII INCORPORATOR

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

Name: Melissa Casey
Address: 257 Peregrine Court
Jacksonville, FL 32225

ARTICLE VIII EFFECTIVE DATE: 3/30/2016

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

Melissa Casey
Required Signature of Registered Agent

4-2-2016
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.

Melissa Casey
Required Signature of Incorporator

4-2-2016
Date