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(Requestor's Name	)		
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PICK-UP WAIT	MAIL MAIL		
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TO THE STATE STATES

W15-025417

x 04/11/16



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2016

SHAWN K. HEFLICK 240 BAY TREE LN. PALM BAY, FL. 32909

SUBJECT: CROCODILE MANOR, INC.

Ref. Number: W16000025417

We have received your document for CROCODILE MANOR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please submit ONLY One Set of Articles. Multiple "Article Ones" listed causes confusion.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P13000092375.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 416A00007028

### CROCODILE MANOR, INC

240 Bay Tree Lane Palm Bay, FL 32909

March 29, 2016

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Attached please find the required fees, Articles of Incorporation, and Operating Agreement for Crocodile Manor, Inc.

As I would like to maintain the same name for the non-profit company, I'm also attaching a copy of the Corporate Dissolution of Crocodile Manor as a for profit company.

I will be out of the country for the next few weeks working remotely with our conservation efforts. I ask that you please contact my assistant, Kelly Silvano, with any questions regarding this filing as we have been delayed by written correspondence.

Kelly can be reached directly at 209-535-4274 or via email at kelly6308@aol.com.

I appreciate your prompt assistance in this matter as we are dependent upon your written acceptance to accompany our IRS filing.

Sincerely,

Shawn K. Heflick

Director

Crocodile Manor, Inc.

# **COVER LETTER**

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

SUBJECT: C	rocodile Manor, Inc.				
	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)		
Enclosed is an original	and one (1) copy of the Artic	eles of Incorporation and	a check for:		
\$70.00	<b>□</b> \$78.75	\$78.75	□ \$87.50		
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,		
	Certificate of Status	& Certified Copy	Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Shawn K. Heflick				
T KOWI.	Name	(Printed or typed)	-		
240 Bay Tree Lane					
	To the second se	Address	-		
Palm Bay, FL 32909					
	Ci	ty, State & Zip			
	321-626-0583	e Telephone number	-		
	Day univ	- 1. Taphone number			
	SHEFLICK@AOL.COM E-mail address: (to be used for fur	M ture annual report notificatio	- n)		

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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RTICLE II PRINCIPAL	<u>OFFICE</u>		هــــــ (آب)	7 1 <u>9</u>
Principal stre	et address:	Mailing address, if different is:		
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RTYCLE III PURPOSE  he numose for which the com	oration is organized is:			1/5
for such purposes, the	making of distributions to organiza	etigious, educational, and scientific purposes, inclutions that qualify as exempt organizations under s	ection	<del></del>
501(c)(3) of the Inter	nal Revenue Code, or the correspond	ding section of any future federal tax code.		
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Name and Title:		Name and Title:		
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Name and Title:_		Name and Title:		
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	<u>REGISTERED AGENT</u> orida street address (P.O. Box NO	Tacceptable) of the registered agent is	<b>3</b> .	
Name:	Chaum V Hastiala			
			্র	
Address:	240 Bay Tree Lane Palm Bay, FL 32909	<del></del>		7 %
	1 am bay, 1 L 32505		25 	
				- 315
	INCORPORATOR		70 114	- m er
The <u>name and ad</u>	dress of the Incorporator is:		i,	1 (1) 1 (1) 1 (1)
Name:	Kelly J. Silvano		2	TA TA
Address:	507 Heather Road			
	Exton, PA 19341			
ADDICE DIVIN		<del></del>		
	EFFECTIVE DATE: other than the date of filing:	(OPTIC	NAL)	
		ific and cannot be more than five b		s days
	inserted in this block does not meet ive date on the Department of State	the applicable statutory filing require 's records.	ements, this date will not be listed	as the
Having been nan certificate, I am fi	ned as registered agent to accept so miliar with and accept the appoints	ervice of process for the above stated nent as registered agent and agree to	d corporation at the place designa act in this capacity	ated in this
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	Required Signature of Regi	stered Agent	3/29/16 Date	_
I submit this docu		d herein are true. I am aware that an	y false information submitted in a	ı documeni
		elony as provided for in s.817.155, F.		
	Kall (		elaalu	
	Required Signature of	Incorporator	<u> </u>	