

N16000007945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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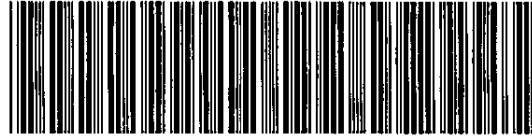
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Seaside Cats, 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: Leslee Dasher
Name (Printed or typed)

112 Magnolia Way
Address

Tequesta FL 33469
City, State & Zip

561.635.4606
Daytime Telephone number

seasidecats@outlook.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:

Seaside Cats, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

112 Magnolia Way

Tequesta FL 33469

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to assist neighborhoods & individuals with spay/neuter of
community (feral) cats.

Provide cat colony caretakers food & limited veterinary care.

Provide food and veterinary care for foster kittens rescued from the field.

Purchase and maintain trapping supplies & food needed for trap/neuter/return.

Pay for spay/neuter clinic costs for individuals unable to pay.

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

To be appointed by the Incorporator

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Thomas E. Dasher President

Name and Title:

Address

112 Magnolia Way

Address:

Tequesta FL 33469

Name and Title:

Elizabeth Lynch Vice President

Name and Title:

Address

130 Ocean Cove Dr

Address:

Jupiter FL 33477

Name and Title:

Leslee S. Dasher Treasurer

Name and Title:

Address

112 Magnolia Way

Address:

Tequesta FL 33469

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Thomas E. Dasher

Address: 112 Magnolia Way

Tzquesta FL 33469

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leslee S. Dasher

Address: 112 Magnolia Way

Tzquesta FL 33469

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1 August 2016 (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

Thomas E. Dasher

Required Signature of Registered Agent

August 1, 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.

Leslee S. Dasher

Required Signature of Incorporator

1 August 2016
Date