

N16000009215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

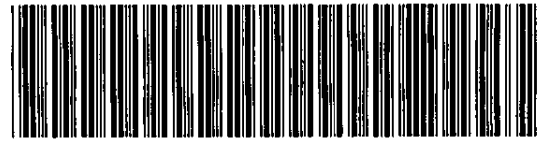
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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[Handwritten signature] 09/20/16

COVER LETTER

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

SUBJECT: Shelter Mc Citrus 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: Donna R. Schmid
Name (Printed or typed)

507 S Shoreline Dr
Address

Floral City Fl. 34436
City, State & Zip

353-422-5525
Daytime Telephone number

ducks
ducks@tampabay.rr.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: Shelter Me Citrus Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5075 S Shoreline Dr. Floral City Fl 34436

Mailing address, if different is:
P O Box 1111 Inverness Fl 34451

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To do fund raising to build a new animal shelter in Citrus County Florida

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: Donna Schmid President

Address 5075 S Shoreline Dr
Floral City
Florida 34436

Name and Title: Wanda Moak

Address: 2604 E Hampshire
Inverness
Florida 34453

Name and Title: Karen Esty Vice President

Address 2409 Wilson St
Inverness
Florida 34453

Name and Title: _____

Address: _____

Name and Title: Debbie Ressler Sec/Tres

Address 9373 E Rivermoon Ct
Inverness
Florida 34453

Name and Title: _____

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: Donna Schmid

Address: 5075 S Shoreline Dr
Floral City FL 34436

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shelter Me Citrus

Address: P O Box 1111
Inverness Fl 34436

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ARTICLE VIII EFFECTIVE DATE:

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

Donna R Schmid
Required Signature of Registered Agent

9-15-2016
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.

Donna R Schmid
Required Signature of Incorporator

9-15-2016
Date