

N16000009669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200290294342

200290294342  
09/30/16--01028--002 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 SEP 30 AM 11:49

EFFECTIVE DATE 09/27/16

10/03/16

**COVER LETTER**

① original  
① copy  
① check

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

**SUBJECT:** SAVING HIS ANGELS FLORIDA 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: Rita Stanina  
Name (Printed or typed)

16747 RICHLOAM LANE  
Address

SPRING HILL, FLORIDA 34610  
City, State & Zip

727 271-0139  
Daytime Telephone number

airfour@earthlink.net

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)

0219, 216 SEP 30 AM 11:49  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: SAVING HIS ANGELS FLORIDA RESCUE, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

16747 RICHLOAM LANE

SPRING HILL, FLORIDA 34610

Mailing address, if different is:

16747 RICHLOAM LANE

SPRING HILL, FLORIDA 34610

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SAVING HIS ANGELS FLORIDA RESCUE, INC is a non profit home based foster animal rescue. Our goal is to rehome homeless animals into forever homes.

**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: RITA STANINA/ CO-FOUNDER

Address

16747 RICHLOAM LANE

SPRING HILL, FLORIDA 34610

PASCO COUNTY USA

Name and Title: CHRISTIE LEONARD/ B. MEMBER

Address

5103 OVERTON DRIVE

NEW PORT RICHEY, FLORIDA 34652

PASCO COUNTY USA

Name and Title: DONNA SALEMI/CO-FOUNDER

Address

40 BRIARWOOD CIRCLE

CRYSTAL LAKE, ILLINIOS 60014

MC HENRY COUNTY USA

Name and Title: DR. D. McMAHON/ B.MEMBER

Address

15240 COUNTY LINE ROAD

SPRING HILL, FLORIDA 34610

PASCO COUNTY USA

Name and Title: \_\_\_\_\_

Address

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: RITA STANINA

Address: 16747 RICHLOAM LANE  
SPRING HILL, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 SEP 30 AM 11:49

**ARTICLE VII INCORPORATOR**

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

Name: RITA STANINA

Address: 16747 RICHLOAM LANE  
SPRING HILL, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: SEPTEMBER 27, 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*

Rita Stanina

Required Signature of Registered Agent

Rita Stanina

9/27/2016

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.*

Rita Stanina

Required Signature of Incorporator

Rita Stanina

9/27/2016

Date