

N16000009708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

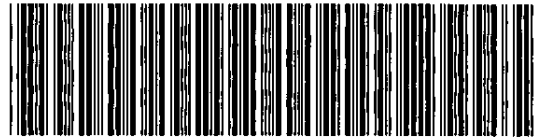
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800290836258

10/03/16--01012--001 **70.00

16 OCT -3 AM 11:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ms. 10/4/16

COVER LETTER

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

SUBJECT: Spay & Neuter Nation, 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: Brittany Lizotte
Name (Printed or typed)

401 Hidden Meadows loop #207
Address

Fern Park, FL 32730
City, State & Zip

407-923-6901
Daytime Telephone number

BrittanyML@yahoo.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: Spay & Neuter Nation, inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

401 Hidden Meadows loop #207
Fern Park, FL 32730

Mailing address, if different is:

16 OCT -3 AM 11:50
RECEIVED
OFFICE OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ~~to~~ Education about early
Spay & Neuter, pet overpopulation. Helping Central
Florida with a Spay & neuter Fund via sales of
donated & purchased goods. All profits will assist
the community with free & low cost spay & neuter.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: appointed
as necessary or needed for operations.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brittany Lizotte President Name and Title: Lisa Goldstein Vice President

Address: 401 Hidden Meadows loop #207 Address: 469 Hidden Meadows loop #105
Fern Park, FL 32730 Fern Park, FL 32730

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Brittany Lizotte

Address: 401 Hidden Meadows Loop #207
Fern Park, FL 32730

ARTICLE VII INCORPORATOR

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

Name: Brittany Lizotte

Address: 401 Hidden Meadows Loop #207
Fern Park, FL 32730

16 OCT -3 AM 11:50
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

Brittany Lizotte

Required Signature of Registered Agent

9/28/16
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.

Brittany Lizotte

Required Signature of Incorporator

9/28/16
Date