

N1600001170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

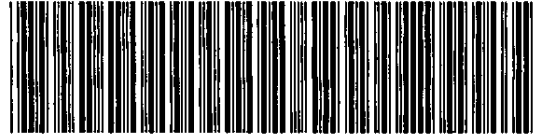
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
NOV 23 2016

COVER LETTER

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

SUBJECT: Wild Florida Rescue Corp.
(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: Baleen Heather Pepe
Name (Printed or typed)

2534 Pepper Ave
Address

melbourne, FL 32935
City, State & Zip

321-514-4430
Daytime Telephone number

wildfloridarescue@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: WILD Florida Rescue Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2534 Pepper Ave Mailing address, if different is: "
Melbourne, FL 32935 "

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To capture wildlife requiring emergency medical intervention and transport them to a veterinarian or wildlife rehabilitation facility as quickly as possible.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Annual Vote for elections.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Shagg Catri</u> <u>(Chair)</u>	Name and Title: <u>Pablo Juarbe Martinez</u> <u>(Treasurer)</u>
Address: _____	Address: _____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
Name and Title: <u>Danielle Huffner</u> <u>(Secretary)</u>	Name and Title: _____
Address: _____	Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Baleen Heather Pepe
Address: 2534 Pepper Ave
Melbourne, FL 32935

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew R Buice
Address: 695 Sedgewood Circle
West Melbourne FL, 32904

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

Baleen Heather Pepe
Required Signature of Registered Agent

11/15/16
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.

Matthew R Buice
Required Signature of Incorporator

11/19/16
Date