

N/1700000/1952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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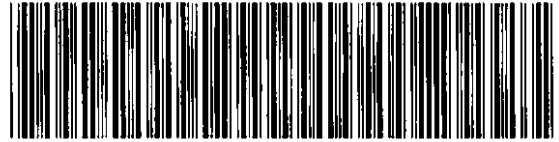
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 02/22/17

COVER LETTER

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

SUBJECT: Central Florida Chinese Shar Pei
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Rescue, inc

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

FEIN: 81-4638674

FROM: MARY Pontone
Name (Printed or typed)

2850 25th Ave North
Address

Saint Petersburg FL 33713
City, State & Zip

727 743 6762
Daytime Telephone number

sharpeirescucflorida@gmail.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: Central Florida Chinese Shar Pei Rescue
Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2850 25th AVE N
St Pete FL 33713

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to Rescue and Rehome
abandoned or forfeited Chinese Shar Pei.
To provide medical care including
SPAY and Neuter.

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TALLAHASSEE, FLORIDA

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

Volunteered

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARY Pontone-Director Name and Title: Michelle Cervantes-Director

Address: 2850 25th AVE N Address: 2055 Montauk Pt Xing
St Pete FL 33713 Bradenton FL 34212

Name and Title: Sue Melton-Secretary Name and Title: Paula Cullison-Treasurer

Address: 6722 5th AVE N Address: 870 Van Gogh Road
St Pete FL 33710 Briarwood FL 34223

Name and Title: Sue Pacelli-volunteer Name and Title: Christine Schlerf-Volunteer

Address: 5025 99th St N Address: 830 Karen St
St Pete FL 33708 Palm Harbor FL 34684

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: MARY Pontone
Address: 2850 25th AVE N
St Pete FL 33713

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARY Pontone
Address: 2850 25th AVE N
St Pete FL 33713

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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 days prior or 90 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

MARY Pontone
Required Signature of Registered Agent

2/1/2017
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.

MARY Pontone
Required Signature of Incorporator

2/1/2017
Date