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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

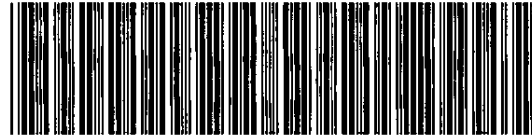
(Document Number)

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WNUW 32963



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APPROVED
AND
FILED
17 MAY -4 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016

T. SCOTT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2017

DR LINDA L. SCHNARS
3091 NATOMA WAY
ORLANDO, FL 32815

SUBJECT: MONTY'S MISSION CORPORATION
Ref. Number: W17000032563

We have received your document for MONTY'S MISSION CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 417A00007328

17 MAY -4 PM 2:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Monty's Mission Corporation
(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: DR. LINDA L. SCHNARS
Name (Printed or typed)

3091 NATOMA WAY
Address

ORLANDO FL 32825
City, State & Zip

407-208-1880
Daytime Telephone number

VETERINARY HEALTH SERVICES@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: Monry's Missions Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3091 NATOMA WAY
ORLANDO, FL 32825

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OFFER MEDICAL AID, HEALTHCARE AND
SUPPORT TO THOSE ANIMALS WHETHER ABANDONED, NEEDING FOSTERCARE, RE-HOMING
OR JUST VICTIM OF FINANCIAL CIRCUMSTANCES. ALL FUNDING AND
DONATIONS GOES TO SUPPORT THESE EFFORTS.

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

Appointed By President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. LINDA L. SCHNARS

Address: PRESIDENT AND CEO

3091 NATOMA WAY
ORLANDO FL 32825

Name and Title: Debi STEPHENSON

Address: CHIEF OPERATING OFFICER

3091 NATOMA WAY
ORLANDO FL 32825

Name and Title: URSULA ORTIZ

Address: VICE PRESIDENT

3091 NATOMA WAY
ORLANDO FL 32825

Name and Title: TRESSA JEANNE Hipple

Address: TREASURER

389 RIVER BLUFF Circle
DEBARY, FL 32713

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

17 MAY - 4 AM 8:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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: DR. LINDA L. SCHNARS

Address: 3091 NATOMA WAY

ORLANDO FL 32825

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: TRESSA JEANNE HIPPLE

Address: 389 RIVER BLUFF CIRCLE

DEBARY, FL 32713

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



Required Signature of Registered Agent

4/08/2017

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.



Required Signature of Incorporator

4/8/17

Date



VETERINARY HEALTH SERVICES

Animal Care You Can Trust

Dr. Linda L. Schnars, DVM

(407) 208-1880, (407) 466-5716, Fax# (407) 704-5860

www.VeterinaryHealthServices.net

VeterinaryHealthServices@yahoo.com

April 28, 2017

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

Attn.: Tyrone Scott
Regulatory Specialist II
New Filings Section
Ref # W17000032563
Letter# 417A00007328

Dear Tyrone:

I received your letter asking for more specific detail – I received the *copy* of my original and not the original as stated in your letter. I am enclosing more detail as requested.

I am a mobile veterinarian in Central Florida. I encounter hundreds of people weekly of all different backgrounds, ethnicities, financial rankings and the one variable that is constant among all is the care and concern for animals. These last few years have been devastating to many people, some without jobs some struggling to hold their families together while working several jobs. Each of these family units contains an animal or animals that as pets are family members. I have seen many families struggle with the choice of whether to pay a bill, pay rent, pay for food, get gas, eat human food or cat food or get care for their pet. Paying for human healthcare alone has left many families unable to give the care needed for their family pets. I volunteer my time and services every day to help others, I have people that can only pay a few dollars every month and some that can't pay at all but that doesn't mean that the animals should suffer. We can't just turn a blind eye and put them all to sleep because the owner is unable afford the bill.

Monty's Mission will be there for those who want to help others and just don't know how to and for those who need the help and don't know where to turn. I have many clients that know their neighbor can't afford care for their animals and want to lend a hand but sometimes pride and ego get in the way and I have just as many clients that need help and just won't ask for it.

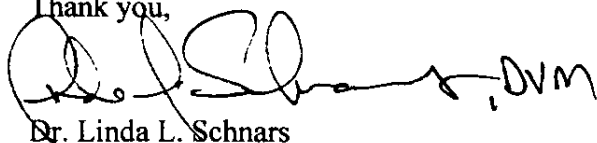
I have trapped, spayed and neutered and vaccinated many many cats in neighborhoods all over Central Florida from Cocoa Beach to Clermont, Mt Dora to Osceola all with very little funds and a lot of my own money-people want to help and want to donate to accomplish more. We have rescued, treated and rehabilitated many wildlife that have been displaced by storms, construction, negligence and mother nature. We have networked to find homes for those in need of new beginnings whether by owner illness or death or displacement or relocation – having additional funds available will help facilitate this.

I have elderly seniors that have pets and frankly need a companion and yet they are faced with whether to use their social security and disability for food and rent or for their animal – the majority of the time the animal is not cared for because there just are not enough funds to go around. Monty's Mission can help with this. I would like to begin a program that seniors in high school are paired with a senior citizen (Seniors helping Seniors) – the student can earn school credit and the senior citizen gets assistance with their animal – maybe a vet visit or bathing the animal or helping with medication - both parties benefit. Whether someone donates an extra five or twenty dollars or ten or a hundred that money will go into an account and that becomes useable funds for the next individual that says I just can't afford it and the care is absolutely needed.

Monty's Mission will have an established account through a credit union so it can earn the best interest and will be managed by my accountant and staff member Jeanne Hipple. People want to help and they especially have a kind heart for animals that give all of us great joy especially in these times we are living in.

Please help us establish our goal.

Thank you,

A handwritten signature in black ink, appearing to read "Linda L. Schnars, DVM". The signature is fluid and cursive, with the letters "DVM" written in a slightly larger, more distinct font at the end.

Dr. Linda L. Schnars
3091 Natoma Way
Orlando FL 32825