# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H180000369043)))



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To:

Division of Comporations

Fax Number : (850)617-6381

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Fax Number

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# FLORIDA PROFIT/NON PROFIT CORPORATION

Groom for Love, Corp.

| Certificate of Status |         |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 06      |
| Estimated Charge      | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

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1/31/2018

### **COVER LETTER**

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

|          | Groom for Love, Corp.                           |
|----------|-------------------------------------------------|
| SUBJECT: |                                                 |
|          | (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) |

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

| S70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | ■\$78.75 Filing Fec & Certified Copy | □ \$87.50<br>Filing Fee,<br>Certified Copy<br>& Certificate |
|-------------------|----------------------------------------------|--------------------------------------|-------------------------------------------------------------|
|                   |                                              | ADDITIONAL COPY REQUIRED             |                                                             |

| FROM: | Cheyenne Moseley, LegalZoom.com, Inc.                              |  |  |  |
|-------|--------------------------------------------------------------------|--|--|--|
|       | Name (Printed or typed)                                            |  |  |  |
|       | 101 N, Brand Blvd., 10th Floor                                     |  |  |  |
|       | Address                                                            |  |  |  |
|       | Glendale, CA 91203                                                 |  |  |  |
|       | City, State & Zip                                                  |  |  |  |
|       | 323.962.8600 x 7625                                                |  |  |  |
|       | Daytime Telephone number                                           |  |  |  |
|       | onlinefilings@Legalzoom.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)

| RTIÇLE II                                                              | PRINCIPAL OFFICE                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |             |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------|
|                                                                        | Principal street address:                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mailing address, if different is                                                                                              |             |
| 446                                                                    | D Lower Park Rd Apt 2211                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |             |
| Orla                                                                   | ndo, Florida 32314                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |             |
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|                                                                        | PURPOSE                                                                                                                                                                                                                         | Please see attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                               |             |
| The purpose f                                                          | or which the corporation is organized is                                                                                                                                                                                        | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               | <del></del> |
|                                                                        |                                                                                                                                                                                                                                 | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               |             |
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| ARTICLE IV                                                             | MANNER OF ELECTION The n                                                                                                                                                                                                        | nanner in which the dire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | The ectors are elected and appointed:                                                                                         |             |
|                                                                        |                                                                                                                                                                                                                                 | nanner in which the dire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | The ectors are elected and appointed:                                                                                         |             |
|                                                                        | MANNER OF ELECTION The meetors of the corporation are elected or a                                                                                                                                                              | nanner in which the dire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | The ectors are elected and appointed:                                                                                         |             |
| which the dir                                                          | MANNER OF ELECTION The meetors of the corporation are elected or a  INITIAL OFFICERS AND/OR DIR                                                                                                                                 | nanner in which the direct oppointed will be stated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ectors are elected and appointed:  The d in the bylaws.                                                                       |             |
| which the dir<br>ARTICLE V<br>Name and Til                             | MANNER OF ELECTION The meeters of the corporation are elected or a  INITIAL OFFICERS AND/OR DIR  le: Erica Coston, P. T. S. D  4460 Lower Park Rd Apt 2211                                                                      | nanner in which the direct oppointed will be stated on the stated of the | ectors are elected and appointed:  The d in the bylaws.                                                                       |             |
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| which the dir<br>ARTICLE V<br>Name and Til                             | MANNER OF ELECTION. The meeters of the corporation are elected or a  INITIAL OFFICERS AND/OR DIR  Ic:  Erica Coston, P. T. S. D  4460 Lower Park Rd Apt 2211                                                                    | nanner in which the direct oppointed will be stated on the stated of the | the ectors are elected and appointed:  The din the bylaws.  Diane Coston, D  4460 Lower Park Rd Apt 22!1                      |             |
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| Name and Title:_                                         |                                                                                                 | Name and Title:                       |                                               |                       |               |      |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------|-----------------------|---------------|------|
| Address                                                  |                                                                                                 | Address:                              |                                               |                       |               |      |
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| Name and Title:_                                         |                                                                                                 | Name and Title:                       |                                               |                       |               |      |
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|                                                          |                                                                                                 |                                       |                                               |                       |               |      |
| _                                                        |                                                                                                 |                                       |                                               |                       |               |      |
| ARTICLE VI                                               | REGISTERED AGENT                                                                                |                                       |                                               |                       |               |      |
|                                                          | nrida street address (P.O. Box NOT accept                                                       | table) of the regis                   | tered agent is:                               |                       |               |      |
| Name:                                                    | United States Corporation Agents                                                                | s, Inc.                               |                                               |                       |               |      |
| Address:                                                 | 13302 Winding Oaks Blvd., St                                                                    | uite A                                |                                               |                       |               |      |
|                                                          | Tampa, FL 33612                                                                                 | <u>-</u>                              |                                               | 1:                    |               |      |
|                                                          |                                                                                                 |                                       |                                               |                       | : <u>-</u>    |      |
|                                                          | INCORPORATOR                                                                                    |                                       |                                               |                       | : -           |      |
| The mame and ad                                          | Idress of the Incorporator is:<br>Cheyenne Moseley, Legalzoom.com                               | m Inc                                 |                                               |                       | •             |      |
| Name:                                                    |                                                                                                 |                                       |                                               |                       | -             |      |
| Address:                                                 | 9900 Spectrum Drive                                                                             |                                       |                                               |                       | •             |      |
|                                                          | Austin, TX 78717                                                                                |                                       |                                               |                       | •             |      |
| ARTICLE VIII                                             | EFFECTIVE DATE:                                                                                 |                                       |                                               |                       |               | (?)  |
| Effective date, if (If an effective d after the filing.) | other than the date of filing:ate is listed, the date must be specific and                      | i cannot be mor                       | (OPTIONAL) e than five business               | days prior or 90 b    | usiness days  |      |
|                                                          | inserted in this block does not meet the app<br>tive date on the Department of State's recon-   |                                       | filing requirements,                          | this date will not be | listed as the |      |
| Having been nan<br>certificate, I am fo                  | ned as registered agent to accept service of amillar with and accept the appointment as         | f process for the<br>registered agent | above stated corpor<br>and agree to act in to | his capacity          |               | this |
|                                                          | Ch                                                                                              |                                       |                                               | 1/3///                | 8             |      |
| <del></del>                                              | Required Signature of Registered A                                                              | Agent                                 |                                               | Date                  |               |      |
|                                                          | iment and affirm that the facts stated herein<br>t of State constitutes a third degree felony a |                                       |                                               |                       |               | nent |
|                                                          | an                                                                                              |                                       |                                               | 1/31/1                | 8             |      |
|                                                          | Required Signature of Incorp                                                                    | orator                                | <del></del>                                   | Date                  |               |      |

#### H180000369043

#### Attachment to

# Articles of Incorporation of

## Groom for Love, Corp.

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under the section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code. The business activity for said organization is as follows: Grooming service for animals to help them get adopted in order to open more room at the animal shelters. This will be done by partnering with animal rescues centers.

No part of the net earnings of this organization shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein. No substantial part of the activities of this corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of this document, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c) (2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of this corporation, assets remaining shall be distributed for one or more exempt purposes within the meaning of Section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed by a Court of Competent Jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.