

# N 18000002838

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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03/08/18--01014--007 \*\*113.75

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18 MAR 15 PM 3:28  
MAR 15 2018

N CULLIGAN

MAR 15 2018

## COVER LETTER

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

SUBJECT: Harley Cares, 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: Susan Blodgett / Harley Cares LLC.  
Name (Printed or typed)

20904 Concord Green Dr. E.  
Address

Boca Raton, FL 33433  
City, State & Zip

954-328-4002  
Daytime Telephone number

Sblodgett@aol.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2018

SUSAN BLODGETT  
20904 CONCORD GREEN DR. E  
BOCA RATON, FL 33433

SUBJECT: HARLEY CARES, INC  
Ref. Number: W18000024703

We have received your document for HARLEY CARES, INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 918A00005120

Certificate of Conversion

For

"Other Business Entity"

Into

Florida NOT FOR PROFIT Corporation

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STATE OF FLORIDA  
TALLAHASSEE

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida NOT FOR PROFIT Corporation in accordance with s. 609.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Harley Cares, LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on 2/26/18  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A.

4. The name of the Florida NOT FOR PROFIT Corporation as set forth in the attached Articles of Incorporation:

Harley Cares, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 3/5/18

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signed this 2 day of March, 2018

**Required Signature for Florida <sup>not for</sup> ~~not for~~ Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator:

Printed Name: Susan Blodgett Title: Chairman

**Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature: [Signature]

Printed Name: Susan Blodgett Title: Chairman / Director

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner: \_\_\_\_\_

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners: \_\_\_\_\_

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative: \_\_\_\_\_

**All others:**

Signature of an authorized person: \_\_\_\_\_

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Harley Cares, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

20904 Concord Green Dr. E.

Mailing address, if different is:

Boca Raton, FL 33433

STATE  
FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This Corporation is a non-profit  
public corporation and is not organized for the private  
gain of any person. The purposes for which this corporation  
is formed are for contributions from the general public  
and the mission to support with the contributions to  
other 501(c)(3) animal organizations.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

verbal agreement

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Susan Blodgett / Chairman

Address: 20904 Concord Green Dr. E.

Boca Raton, FL 33433

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: Susan Blodgett

Address: 20904 Concord Green Dr. E.  
Boca Raton, FL 33433

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Susan Blodgett

Address: 20904 Concord Green Dr. E  
Boca Raton, FL 33433

**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*

\_\_\_\_\_  
Required Signature of Registered Agent

3/2/18  
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

3/2/18  
Date

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