

718000011677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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NOV 02 2018

11:30 AM



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2018

SHARON COPE  
16511 SHELBY LANE  
N FORT MYERS, FL 33917

SUBJECT: SALLY'S ACRES SANCTUARY AND RESCUE INC  
Ref. Number: W18000088908

We have received your document for SALLY'S ACRES SANCTUARY AND RESCUE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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: 518A00020888

LM 10-25-18  
app. 12 noon

emailed  
10-25-18  
1:00

**COVER LETTER**

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

SUBJECT: Sally's Acres Sanctuary and Rescue, 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: Sharon Cope - Sally's Acres Sanctuary and Rescue Inc  
Name (Printed or typed)

16511 Shelby Lane  
Address

North Fort Myers, Florida 33917  
City, State & Zip

239 220 2573  
Daytime Telephone number

sharondmzc@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: Sally's Acres Sanctuary and Rescue, Inc.

**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address:16511 Shelby LaneNORTH FORT MYERSFLORIDA 33917

Mailing address, if different is:

n/a**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Purpose is to provide a SAFE and healthy environment for abandoned abused and/or neglected farm and domestic animals which need to be rehomed for recovery and/or medical intervention for their lifespan.

**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: Sharon Lape - President Name and Title: \_\_\_\_\_Address: 16511 Shelby Lane Address: \_\_\_\_\_  
North Fort Myers  
Florida 33917Name and Title: Jimmy Smith - Vice President Name and Title: \_\_\_\_\_Address: 5340 Bristle St. Address: \_\_\_\_\_  
Lehigh  
Florida 33971Name and Title: Eryn Smith - Treasurer Name and Title: \_\_\_\_\_Address: 5340 Bristle St. Address: \_\_\_\_\_  
Lehigh  
Florida 33971

CALLAHAN, J. L.

2018 NOV - 1 AM 8:54

Name and Title: Kerrey Hoolihan - Secretary Name and Title: \_\_\_\_\_Address: 7200 Coon Road Address: \_\_\_\_\_North Fort Myers  
Florida 33917

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: Sharon CopeAddress: 16511 Shelby Lane  
North Fort Myers, Florida  
33917**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Sharon CopeAddress: 16511 Shelby Lane  
North Fort Myers, Florida 33917**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 6-1-18 (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

Sharon Cope

Required Signature of Registered Agent

10-1-18

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.

Sharon Cope

Required Signature of Incorporator

10-1-18

Date