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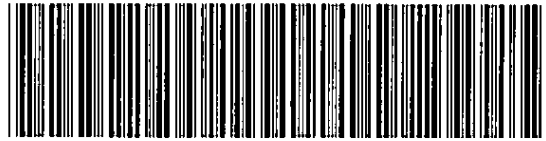
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COVER LETTER

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

SUBJECT: FLORIDA WORKING DOG CLUB 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: DIANE F. MENARD

Name (Printed or typed)

7551 SE 181 CT

Address

MORRISTON FL. 32668

City, State & Zip

508 615 3668

Daytime Telephone number

PIPESMOM1@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: FLORIDA WORKING DOG CLUB INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7551 SE 181CT

MORRISTON FL 32668

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SHARE LIABILITY INSURANCE, HOLD DOG TRIALS, PROMOTE SPORTSMANSHIP, OFFER CLASSES AND SEMINARS TO THE PUBLIC, PROMOTE THE SPORT OF DOG HERDING AND CONDUCT DOG EVENTS UNDER LICENSED AND NATIONALY RECOGNIZED ORGANIZATIONS.

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

of the BOARD of Directors every 2 years

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIANE F. MENARD- PRES

Address 7551 SE 181 CT
MORRISTON FL 32668

Name and Title: STEVEN NAGEL-DIR

Address: 4030 PONDEROSA RD
VALKARIA FL.32950

Name and Title: MICHAEL B. HORGAN- VP

Address 1644 NE HILLTOP ST
JENSEN BEACH FL. 34957

Name and Title: MARILYN NAGEL-DIR

Address: 4030 PONDEROSA RD
VALKARIA FL.32950

Name and Title: DEBRAH ROSEGLICK-TREASURER

Address 4315 LITTERAL LANE
MALABAR, FL 32950

Name and Title: STPEHEN SKARA-DIR

Address: 9321 NIXON CIRCLE NE
PALM BAY FL. 32907

2018 JUL 29 AM 10:39

Name and Title: CRAIG SMITH-SCRTRY
Address: 4315 LITTERAL LANE
MALABAR, FL.32950

Name and Title: _____
Address: _____

Name and Title: KATHLEEN HORGAN-DIR
Address: 1644 NE HILLTOP ST
JENSEN BEACH FL.34957

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: DEBRAH ROSEGLICK
Address: 4315 LITTERAL LANE
MALABAR, FL 32950

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DIANE F. MENARD
Address: 7551 SE 181 CT
MORRISTON, FL. 32668

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

Debrah Rosenglick

Required Signature of Registered Agent

7/24/19

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.

Diane F Menard

Required Signature of Incorporator

07/24/19

Date