

119000008819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

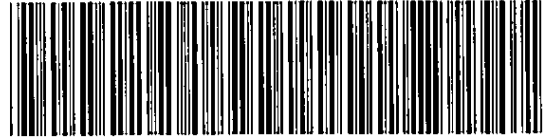
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## COVER LETTER

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

SUBJECT: Cause For Critters 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: Madison Chafin  
Name (Printed or typed)

1922 Greentree Ln  
Address

Cottondale FL 32431  
City, State & Zip

850 - 849 - 3915  
Daytime Telephone number

MadisonChafin@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: Cause For Critters Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

1922 Greentree Ln  
Cottondale FL 32431

\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To care for, fully vet, spay or neuter,  
and rescue abandoned animals. Also to find them good homes.  
It will be a No-Kill, Non-Profit organization.  
(corporation)

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

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

Name and Title: ~~Arista~~ Lisa Chafin  
Vice President

Address: 1942 Greentree Ln  
Cottondale FL, 32431

Name and Title: Carla Roberts, Treasurer

Address: 7496 Clearwater Ln  
Grand Ridge FL, 32442

Name and Title: Carly Young, Secretary

Address: 14762 NW Red Oak  
Ln Altha FL, 32421

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

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

Name and Title: Madison Chafin, President

Address: 1922 Greentree Ln  
Cottondale FL, 32431

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

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

2018 JUL 14 AM 10:53

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: Madison Chafin  
Address: 1922 Greentree Ln  
Cottondale FL 32431

**ARTICLE VII INCORPORATOR**

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

Name: Madison Chafin  
Address: 1922 Greentree Ln  
Cottondale FL 32431

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 1, 2020 (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*

Madison Chafin  
Required Signature of Registered Agent

8 - 12 - 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.*