

N19000010726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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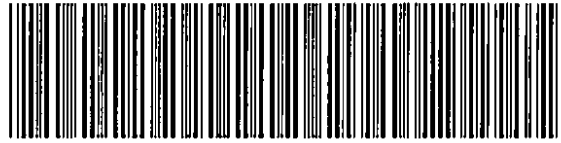
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 SEP 26 PM 2:33

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COVER LETTER

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

SUBJECT: _____

Lost Dogs Florida, 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: _____

Debra A. Elert

Name (Printed or typed)

10082 Spring Sink Road

Address

Tallahassee, FL 32305-2065

City, State & Zip

(850) 212-0822

Daytime Telephone number

debelert@hotmail.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: Lost Dogs Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

10082 Spring Sink Road Same
Tallahassee, FL 32305-2065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: An all-volunteer organization dedicated to reuniting lost dogs with their families. Our services are provided free to pet owners, shelters, rescues, and animal control professionals.

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

As provided for in bylaws.

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2019 SEP 26 PM 2:50
TALLAHASSEE, FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Debra A. Elert Name and Title: Karen Traupman

Address: 10082 Spring Sink Road Address: 612 State Street
Tallahassee, FL 32305 Mertztown, PA 19539-9138
President Secretary

Name and Title: Jonne B. Harrington Name and Title: Diane Maria Benes

Address: 166 Pine Street Address: 1913 Saboff Way
Appomattox, VA 24522-4117 Chuluota, FL 32766-9324
Board Member Treasurer

Name and Title: _____ Name and Title: _____

Address: _____ 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: Debra A. Elert

Address: 10082 Spring Sink Road
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Debra A. Elert

Address: 10082 Spring Sink Road
Tallahassee, FL 32305

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 26, 2019. (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

Debra A. Elert

Required Signature of Registered Agent

9-26-19

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.

Debra A. Elert

Required Signature of Incorporator

9-26-19

Date