

NA 0000 009278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

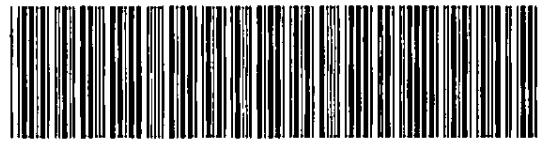
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/30/2010 10:21:00 AM +\$10.00

2020 JUL 30 PM 3:55
STATE
OFFICE, FL

COVER LETTER

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

SUBJECT: GAIA ANIMAL SANCTUARY 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: CIELO HIDROBO

Name (Printed or typed)

14500 SW 18TH CT

Address

DAVIE, FL 33325

City, State & Zip

954-870-9495

Daytime Telephone number

cmswischuk@gmail.com

E-mail address: (to be used for future annual report notification)

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

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STATE
TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: GAIA ANIMAL SANCTUARY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
14500 SW 18TH CT

DAVIE, FL 33325

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE CHARITABLE PURPOSE OF THE ORGANIZATION IS
TO PROVIDE A SANCTUARY AND REHABILITATIVE SERVICES TO ABUSED, NEGLECTED OR ABANDONED
BIRDS AND OTHER SELECT ANIMALS.

ADDITIONAL PROVISIONS CONCERNING THE DISPOSITION OF THE ORGANIZATION'S NET EARNINGS,
PROHIBITION AGAINST LOBBYING AND PROPAGANDA, AND DISPOSITION OF ASSETS UPON DISSOLUTION
ARE CONTAINED IN ARTICLE IX, ATTACHED HERETO AND INCORPORATED HEREIN.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CIELO HIDROBO - DIRECTOR

Address: 14500 SW 18TH CT
DAVIE, FL 33325

Name and Title: _____

Address: _____

Name and Title: HARRISON LAM - DIRECTOR

Address: 12424 NW 17TH CT
PEMBROKE PINES, FL 33028

Name and Title: _____

Address: _____

Name and Title: MARIA URDANETA

Address: 500 SW 145TH AVE #133
PEMBROKE PINES, FL 33027

Name and Title: _____

Address: _____

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STATE

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: HARRISON LAM
Address: 12424 NW 17TH CT
PEMBROKE PINES, FL 33028

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STATE
OF FLORIDA

ARTICLE VII INCORPORATOR

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

Name: THOMAS HICKS
Address: 33552 WESTVIEW DR
BIGFORK, MT 59911

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

07/21/2020
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

07/22/2020
Date