

N20000009565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

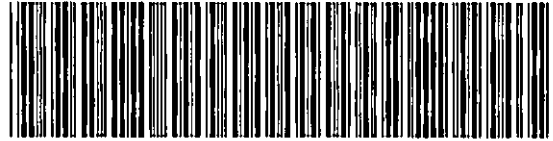
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/03/20--01041--002 **70.00

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2020 AUG -3 PM 3:11
CLERK OF DISTRICT COURT
JACKSONVILLE, FL

COVER LETTER

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

Road Dawg Animal Rescue Transport, Inc.

SUBJECT: _____
(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

Christine Snelling
FROM: _____
Name (Printed or typed)
511 Ronald Reagan Parkway, #139

Address
Loughman, FL 33858

City, State & Zip
407-885-5733

Daytime Telephone number
chrissysnelling@gmail.com

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

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

2020 AUG -3 PM 3:11
STATE
OFFICE, FL

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

ARTICLE I NAME

Road Dawg Animal Rescue Transport, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
511 Ronald Reagan Parkway, #139
Loughman, FL 33858

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
Activities in furtherance of prevention of cruelty to animals within the meaning of IRS section 501(c)(3).
and for any other lawful purpose within that section.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____ as in by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eve Hinds, President
Address: 5037 Hidden Springs Blvd
Orlando, FL 32819

Name and Title: Carolyn Powers, Secretary
Address: 1020 Indian Ridge Trail East
Kissimmee, FL 34747

Name and Title: Connie Foote, Treasurer
Address: 5214 Alleman Dr.
Orlando, FL 32809

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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FL STATE
KISSIMMEE, FL

FILED

ADDENDUM TO ARTICLES OF INCORPORATION:

Road Dawg Animal Rescue Transport, Inc.

ARTICLE IX: DISSOLUTION

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

2020 AUG 30

2020 AUG -3 PM 3:11

STATE
OFFICE

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: Christine Snelling
Address: 511 Ronald Reagan Parkway, #139
Loughman, FL 33858

ARTICLE VII INCORPORATOR

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

Name: Christine Snelling
Address: 511 Ronald Reagan Parkway, #139
Loughman, FL 33858

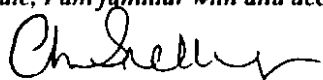
ARTICLE VIII EFFECTIVE DATE:

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:

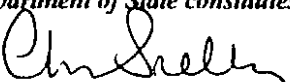


Required Signature of Registered Agent

07/24/2020

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

07/24/2020

Date

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DEPT. OF STATE
TALLAHASSEE, FL