

N20003C10931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

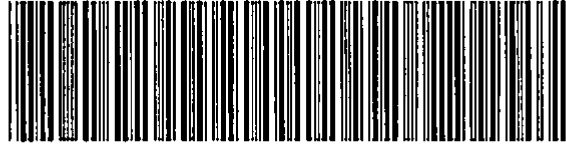
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP -9 AM 6:16

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COVER LETTER

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

SUBJECT: Cousins Critter Rescue, 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: Margaret S. Taylor

Name (Printed or typed)

P. O. Box 609

Address

Highlands, NC 28741

City, State & Zip

(850)933-3888

Daytime Telephone number

cousintay@cousinscritterrescue.com

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

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TALLAHASSEE, FLORIDA

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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: Cousins Critter Rescue, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1205 Constitution Drive

Port St. Joe, FL 32456

Mailing address, if different is:

7940 Front Beach Road

Suite 163

Panama City Beach, FL 32407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to be a non-profit organization dedicated to ensuring that abused and/or displaced dogs and cats are rescued and adopted into safe and loving homes. Our organization will partner with animal shelters and similar agencies throughout the Southeastern United States, with a primary focus in the Florida Panhandle, to identify critters in need of our assistance. Cousins Critter Rescue will include a primary relationship with Camp Cousins, an exclusive private camp, located in Gulf County, FL. Campers will learn about the importance of philanthropy while being challenged to embrace their inner creativity to successfully achieve the mission of the organization.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Margaret S. Taylor, Chairperson

Address: P. O. Box 609
Highlands, NC 28741

Name and Title: Susan S Brannan, Vice Chairperson

Address: 518 Weatherby Trail
Prattville, AL 36067

Name and Title: Virginia Spiva, Secretary

Address: 7940 Front Beach Road
Suite 163
Panama City Beach, FL 32407

Name and Title: Whitney Costin, Treasurer

Address: 8 Cherokee Road
Moultrie, GA 31768

Name and Title: _____

Address: _____

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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: Virginia Spiva
 Address: 7940 Front Beach Road, Suite 163
Panama City Beach, FL 32407

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 ALACHUA COUNTY, FLORIDA

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ARTICLE VII INCORPORATOR

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

Name: Margaret S. Taylor
 Address: P. O. Box 609
Highlands, NC 28741

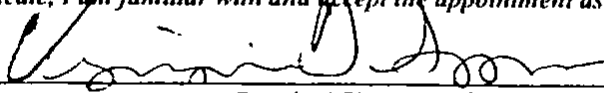
ARTICLE VIII EFFECTIVE DATE:

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.)

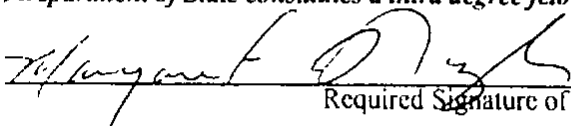
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/31/2020
 Date

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

8/31/2020
 Date