

N 210000 C 2689

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

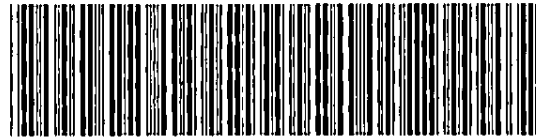
(Business Entity Name)

(Document Number)

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SECRET

SECRET

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DATE: 3/4/2021

NAME: ANNABELLA'S PASTURES, INC

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

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

SUBJECT: Annabella's Pastures, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED	

FROM: Wilson Fernando Jativa
Name (Printed or typed)

9526 Argyle Forest Blvd., Ste B2 #471
Address

Jacksonville, FL 32222
City, State & Zip

904-349-3816
Daytime Telephone number

wfjativa@gmail.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: Annabella's Pastures, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>9526 Argyle Forest Blvd.</u> <u>Ste B2 #471</u> <u>Jacksonville, FL 32222</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide suicide prevention and
education that is Christian-based in the United States and internationally
including hosting seminars and providing retreat centers where animal-
assisted therapy may be used.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Address _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address _____ _____ _____	Name and Title: _____ Address: _____ _____ _____

2021 MAR 4 PM 11:58

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 William Ashton Scott

Address 462 Kingsley Ave., Ste 101

Orange Park, FL 32073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name Wilson Fernando Jativa

Address 9526 Argyle Forest Blvd., Ste B2 #471

Jacksonville, FL 32222

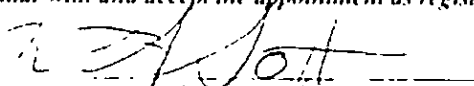
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing. February 25, 2021 (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

2/25/2021
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 §817.155, F.S.


Required Signature of Incorporator

February 25th 2021
Date