

N21000007871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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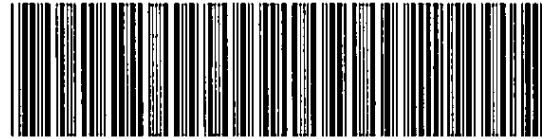
(Business Entity Name)

(Document Number)

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06/21/21--01013--002 **78.75

FILED
Jun 21, 2021 08:00 AM
Secretary of State

COVER LETTER

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

SUBJECT: Blossom's Bunnies Wildlife Rehabilitation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
and Rescue, Corp.

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: Karyn E. Stochl
Name (Printed or typed)

205 S. Barbour Street
Address

Beverly Hills Florida 34465
City, State & Zip

(352) 596-4292
Daytime Telephone number

pathwheart@icloud.com
E-mail address: (to be used for future annual report notification)

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

FILED
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Secretary of State

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

ARTICLE I NAME

The name of the corporation shall be: Blossom's Bunnies Wildlife
Rehabilitation and Rescue, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

205 S. Barbour St.
Beverly Hills, Florida
34465

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dedication to the rehabilita-
tion, rescue and care, and release of sick,
injured or orphaned local Florida wildlife

ARTICLE IV MANNER OF ELECTION

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

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

FILED

Jun 21, 2021 08:00 AM

Secretary of State

Name and Title: Karyn E. Stochl

Name and Title: _____

Address

President

Address: _____

205 S. Barbour St.
Beverly Hills, FL 34465

Name and Title: _____

Name and Title: _____

Address

Address: _____

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 Karyn E. Stochl
Address 205 S. Barbour St.
Beverly Hills, Florida
34465

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name Karyn E. Stochl
Address 205 S. Barbour St.
Beverly Hills, Florida
34465

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.

Karyn E. Stochl
Required Signature of Registered Agent

06/16/2021
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.

Karyn E. Stochl
Required Signature of Incorporator

06/16/2021
Date