

8/11/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000303635 3)))



H210003036353ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : PARASEC
Account Number : I20180000086
Phone : (916)576-7000
Fax Number : (800)603-5858

P
8/3/21

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 12 PM 6:30

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: RLOPS@PARASEC.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

Sophie's Paw Pals Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED
2021 AUG 12 AM 8:28
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

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

ARTICLE I NAME

The name of the corporation shall be, Sophie's Paw Pals Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address.

3050 Eunice Ave

Spring Hill, FL 34609

Mailing address, if different is.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is.

Our mission is to provide life-changing comfort items to shelter animals, rescue groups and wildlife
sanctuaries by donating pet food, blankets, towels, beds, leashes, collars, and other supplies

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

Directors will be appointed directly

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title. Melinda Williams - Director

Address 3050 Eunice Ave

Spring Hill, FL 34609

Name and Title. Edward Martinez

Director

Address: 3685 braemere drive

Springhill FL, 34609

Name and Title. Jacqueline Chukes Director

Address 2925 domino way

Las Vegas NV 89117

Name and Title.

Address.

Name and Title.

Name and Title.

Address

Address.

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 12 PM 6:30

FILED

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. Rocket Lawyer Corporate Services LLC

Address. 155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name. Frances Severe

Address. 2804 Gateway Oaks Dr #100
Sacramento, CA 95833

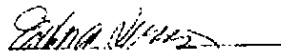
ARTICLE VIII EFFECTIVE DATE:

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

8/6/2021

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 s.817.155, F.S.



Required Signature of Incorporator

8/6/2021

Date

FILED
2021 AUG 12 PM 6:30
SECRETARY OF STATE
TALLAHASSEE, FL