

N2/00009689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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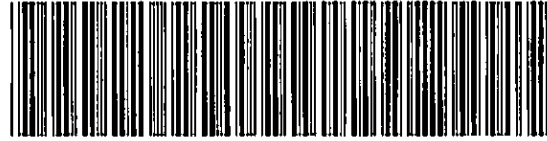
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
CLERK OF COURT

COVER LETTER

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

SUBJECT: TAIL WAGGERS CHARITABLE FOUNDATION, 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: Stefanie A. Robinson

Name (Printed or typed)

5300 Timucua Circle

Address

St. Augustine, FL 32086

City, State & Zip

(904) 540-7617

Daytime Telephone number

stef@flashesandbrilliance.com

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

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

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TALLAHASSEE, FL 32309

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: TAIL WAGGERS CHARITABLE FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5300 Timucua Circle

St. Augustine, FL 32086

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We raise funds to provide assistance to benevolent dog organizations to further their missions on taking care of dogs throughout Northeast Florida.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stefanie A. Robinson - P

Address: 5300 Timucua Circle
St. Augustine, FL 32086

Name and Title: Julianne M. Howe - D

Address: 3622 Sanctuary Boulevard
Jacksonville Beach, FL 32250

Name and Title: David M. Hartzel IV - VP

Address: 847 Helen Street
St. Augustine, FL 32084

Name and Title: Peggy Tennyson - D

Address: 3480 Kings Road South
St. Augustine, FL 32086

Name and Title: John S. Robinson - S, T, D

Address: 5300 Timucua Circle
St. Augustine, FL 32086

Name and Title: Caroline Forbis - D

Address: 138 Hidden Palms Lane
Ponte Vedra Beach, FL 32082

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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Name and Title: Dr. Jack Schmidt - D Name and Title: _____
Address: 301 SR-16 Address: _____
St. Augustine, FL 32084 _____

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: Stefanie A. Robinson
Address: 5300 Timucua Circle
St. Augustine, FL 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stefanie A. Robinson
Address: 5300 Timucua Circle
St. Augustine, FL 32086

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

7/29/2021
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

7/29/2021
Date

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