## 121000010980

(Re	questor's Name)	
(Ad	dress)	
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	y/State/Zip/Phone #	<del></del>
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PICK-UP	☐ WAIT	MAIL
	siness Entity Name	<del></del>
23)	Siness Entry Hame	-)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Oπicer:	



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J O'KEFFE SEP 1 0 2021

## COVER LETTER

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

Invisible Tail	s Pet Sanctuary, Inc.		
SUBJECT:	(PROPOSED CORPO	DRATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Arti	cles 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 CO	PY REQUIRED
FROM:	Wanda Golding		_
	Nan 6905 Appaloosa Court	ne (Printed or typed)	
	Lakeland, FL 33811	Address	_
	863-619-6990	City, State & Zip	_
	Daytii wgolding@verizon.net	ne Telephone number	_
!	E-mail address: (to be used for f	uture annual report notification	<u>-</u> on)

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

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

	the corporation shall be: Invisible Tails  I PRINCIPAL OFFICE				
	Principal street address:		Mailing address, if different is:		
690	05 Appaloosa Court		<del></del>		<del> </del>
Lai 	keland, FL 33811				
ARTICLE 1 The purpose	II PURPOSE  for which the corporation is organized i	limited to the charitab	ole purpose of preventing cruelty t	o anima	ls within
	g of IRS section 501 (c)(3) by provid glected, senior and unadoptable don				
ARTICLE II	II(a): DISSOLUTION			_	
	llution of this organization, assets sha	all be distributed for one	e or more exempt purposes within	the me	aning of s
<del></del>	nal Revenue Code, or corresponding				
ARTICLE			ors are elected and appointed:	nomina	tion a
ARTICLE V	/ INITIAL OFFICERS AND/OR DID		enjamin Markuson, Treasurer	-	
Address	c/o 6905 Appaloosa Ct.		/o 6905 Appaloosa Ct.		
Address	Lakeland, FL 33811		akeland, FL 33811	<del>-</del>	
Name and T	Peggy Singh, Secretary	Name and Title:_		_	
Address	c/o 6905 Appaloosa Ct.	Address:	·	(A)	
	Lakeland, FL 33811				,
		<del></del>		— <u>—</u> :	
Name and T	itle:	Name and Title:		— o. _ ≘:	
Address		Address:	· 	:	
		<del></del>	Y	_ 	

Name and Title	· · · · · · · · · · · · · · · · · · ·	Name and Title:	
Address		Address:	<del></del>
lame and Title	:	Name and Title:	
Address		Address:	· · · · · · · · · · · · · · · · · · ·
			<del></del>
		T acceptable) of the registered agent is:	•
Name: Address:	6905 Appaloosa Ct.	<del></del>	22
Audress:	Lakeland, FL 33811		2121 SEP 13
RTICLE VII	INCORPORATOR		$\frac{1}{\omega}$
	address of the Incorporator is:		
Name:	Wanda Golding		-
Address:	6905 Appaloosa Ct.	****	$\sigma$
Address.	Lakeland, FL 33811		
ffective date, if an effective lote: If the dat	f other than the date of filing:date is listed, the date must be spe	of filing (OPTIO) cific and cannot be more than five da et the applicable statutory filing require se's records.	NAL)  nys prior or 90 days after the filing.)  ments, this date will not be listed as the
erajicaie, i am	ganuuar wun and accept the appoint	service of process for the above stated tment as registered agent and agree to a	corporation at the place designated in this ct in this capacity
Murch	Required Signature of Reg	Ane Lawren Golding	<u>09-10-21</u> Date
submit this dol	nument and affirm that the facts state of State constitutes a third degree fet	ed herein are true. I am aware that any f lony as provided for in s.817.155, F.S.	alse information submitted in a document to
Vinela	Required Signature o	Lyne Lawson Golding	09-10.Jl
		7	