

N220000002663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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(Business Entity Name)

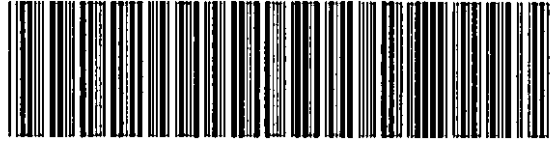
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2022 FEB 24 PM 8:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

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

SUBJECT: North Florida Zoo, 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: Gary Saunders
Name (Printed or typed)

11618 Vickery Rd
Address

Cottondale, FL 32431
City, State & Zip

(850) 832-16793
Daytime Telephone number

sss-farms3@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: North Florida Zoo, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1648 Vichery Rd
Cottondale, FL 32431

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To display exotic animals
for educational purposes.

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2022 FEB 24 PM 8:00
CLERK OF STATE
TALLAHASSEE, FL

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors
will be elected to a 2 year term at the annual
meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Pat Doyle, Director</u>	Name and Title: <u>Bonnie Sims, Director</u>
Address: <u>1120 Fears Rd</u>	Address: <u>7328 Littleton Rd</u>
<u>Cottondale, FL 32431</u>	<u>Panama City, FL 32404</u>

Name and Title: <u>Marsha Vickery, Director</u>	Name and Title: <u>Anne Kummer, Director</u>
Address: <u>11655 Vichery Rd</u>	Address: <u>1488 Clayton Rd</u>
<u>Cottondale, FL 32431</u>	<u>Chipley, FL 32428</u>

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

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: Gary Souders

Address: 11618 Vickery Rd
Cottondale, FL 32431

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2022 FEB 24 PM 8:00
CLERK OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Gary Souders

Address: 11618 Vickery Rd
Cottondale, FL 32431

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

Gary Souders
Required Signature of Registered Agent

2/17/22
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.

Gary Souders
Required Signature of Incorporator

2/17/22
Date