22000003507

S. CHATHAM

APR 1 1 2022

(Requestor	s Name)
(Address)	
(Address)	
(City/State/2	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies Co	ertificates of Status
Special Instructions to Filing Of	ficer:





500383750235

03/21/22--01040--009 **70.00



COVER LETTER •

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

UBJECT:	(PROPOSED CORP	ÖRATE NAME – <u>Must in</u>	CLUDE SUFFIX)
			1 1 6
nclosed is an original a	and one (1) copy of the Ar ☐ \$78.75	□\$78.75	a check for : ☐ \$87.50

FROM:	Name (Printed or typed)		
i KOIVI.			
	10 SW 41ST STREET		
	Address		
	GAINESVILLE, FL 32607		
	City, State & Zip		
	(904) 945-5598		
	Daytime Telephone number		
	FAUNAFOSTERS@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)

	NAME he corporation shall be: PRINCIPAL OFFICE		
10 S	Principal <u>street</u> address: W 41ST STREET	Mailing address, if different is:	
GAII	NESVILLE, FL 32607		
4 <i>RTICLE III</i> The purpose fi ANIMALS. U	I PURPOSE For which the corporation is organized is: UPON DISSOLUTION OF THE CORPORA	O HELP ANIMALS IN NEED, SPECIALIZING IN SPECIAL NEE ATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OF MOR	DS RE
EXEMPT PU	PRPOSES WITHIN THE MEANING OF SE	ECTION 501(C)3 OF THE INTERNAL REVENUE CODE, OR TH	E
CORRESPO	NDING SECTION OF ANY FUTURE FED	DERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEI	DER/
GOVERNME	ENT, OR TO THE STATE OF LOCAL GO	VERNMENT, FOR A PUBLIC PURPOSE.	

ARTICLE IV	/ MANNER OF ELECTION The mann	er in which the directors are elected and appointed:	
bv. IRTICLE V) the Incorporation	TORS	
ARTICLE V Name and Tit) the Incorporat	TORS Name and Title: MICHAEL PIERCE, VICE PRES.	
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	TORS Name and Title: MICHAEL PIERCE, VICE PRES.	
Name and Tit	INITIAL OFFICERS AND/OR DIRECT CAROLINE E PIERCE, PRESIDENT 10 SW 41ST STREET GAINESVILLE, FL 32607	Name and Title: MICHAEL PIERCE, VICE PRES. Address:	
bv. ARTICLE V	INITIAL OFFICERS AND/OR DIRECT CAROLINE E PIERCE, PRESIDENT 10 SW 41ST STREET GAINESVILLE, FL 32607	Name and Title: MICHAEL PIERCE, VICE PRES. Address: DUNNELLON, FL 34432	
Name and Tite Address	INITIAL OFFICERS AND/OR DIRECT CAROLINE E PIERCE, PRESIDENT 10 SW 41ST STREET GAINESVILLE, FL 32607 ADAM WITTEKIND, SECRETARY	Name and Title: DUNNELLON, FL 34432 Name and Title:	
Name and Titi Address Name and Titi Address	INITIAL OFFICERS AND/OR DIRECT INITIAL OFFICERS AND/OR DIRECT CAROLINE E PIERCE, PRESIDENT 10 SW 41ST STREET GAINESVILLE, FL 32607 ADAM WITTEKIND, SECRETARY 10 SW 41ST STREET GAINESVILLE, FL 32607	Name and Title: DUNNELLON, FL 34432 Name and Title:	

COVER LETTER

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

SUBJECT: FAUNA FOR				
	(PROPOSED CORPO	RATE NAME – <u>MUST INC</u>	CLUDE SUFFIX)	_
Enclosed is an original a	and one (1) copy of the Artic	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:	CAROLINE E PIERCE		_	
	Nam	e (Printed or typed)	_	
	10 SW 41ST STREET			
	Address		-	
	GAINESVILLE, FL 32607			
City, State & Zip			TAL. St.	
	(904) 945-5598			22 H
	Daytin	ne Telephone number	_	
	FAUNAFOSTERS@GMAIL.	СОМ	ند پ	1 P
	E-mail address: (to be used for f	uture annual report notification	ōn)	FILED 22 MAR 21 PM 2:24 ALLWAYSEE OF STATE

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

ARTICLES OF INCORPORATION

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

	NAME ne corporation shall be: FAUNA FOSTERS,	INC.
	PRINCIPAL OFFICE	
10 S	Principal <u>street</u> address: W 41ST STREET	Mailing address, if different is:
GAI	NESVILLE, FL 32607	
The purpose f		O HELP ANIMALS IN NEED, SPECIALIZING IN SPECIAL NEEDS ATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OF MORE
EXEMPT PU	RPOSES WITHIN THE MEANING OF SE	ECTION 501(C)3 OF THE INTERNAL REVENUE CODE, OR THE
CORRESPO	NDING SECTION OF ANY FUTURE FED	DERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL
GOVERNME	ENT, OR TO THE STATE OF LOCAL GO	VERNMENT, FOR A PUBLIC PURPOSE.
<u>ARTICLE IV</u>	MANNER OF ELECTION The mann	ner in which the directors are elected and appointed:
the	Incorporator. INITIAL OFFICERS AND/OR DIRECT	ner in which the directors are elected and appointed:
ARTICLE V	Incorporation INITIAL OFFICERS AND/OR DIRECT CAROLINE E DIERCE PRESIDENT	TORS
ARTICLE V Name and Tit	INCOMPOSATOR INITIAL OFFICERS AND/OR DIRECT Le: CAROLINE E PIERCE, PRESIDENT	TORS Name and Title: MICHAEL PIERCE, VICE PRES. 11346 BURKITT ROAD
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DIRECT CAROLINE E PIERCE, PRESIDENT 10 SW 41ST STREET GAINESVILLE, FL 32607	TORS Name and Title: MICHAEL PIERCE, VICE PRES. 11346 BURKITT ROAD DUNNELLON, FL 34432
Name and Tit Address	INITIAL OFFICERS AND/OR DIRECT CAROLINE E PIERCE, PRESIDENT 10 SW 41ST STREET GAINESVILLE, FL 32607	TORS Name and Title: MICHAEL PIERCE, VICE PRES. Address: 11346 BURKITT ROAD
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DIRECT CAROLINE E PIERCE, PRESIDENT 10 SW 41ST STREET GAINESVILLE, FL 32607 ADAM WITTEKIND, SECRETARY	TORS Name and Title: MICHAEL PIERCE, VICE PRES. 11346 BURKITT ROAD DUNNELLON, FL 34432 Name and Title:

Name and Title:_		Name and Title:
Address _		Address:
-		<u></u>
_		<u> </u>
Name and Title:_		Name and Title:
Address _		Address:
_		.
	REGISTERED AGENT lorida street address (P.O. Box NOT acc	ceptable) of the registered agent is:
Name:	MICHAEL PIERCE	
Address:	11346 S BURKITT ROAD	
	DUNNELLON, FL 34432	
ARTICLE VII	INCORPORATOR	
The name and ac	ddress of the Incorporator is:	
Name:	CAROLINE E PIERCE	
Address:	10 SW 41ST STREET	
	GAINESVILLE, FL 32607	
Effective date, if	EFFECTIVE DATE: Other than the date of filing: 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 document's effect	e inserted in this block does not meet the ctive date on the Department of State's n	e applicable statutory filing requirements, this date will not be listed as the ecords.
		ce of process for the above stated corporation at the place designated in this t as registered agent and agree to act in this capacity
	ument and affirm that the facts stated he of State constitutes a third degree felony	rein are true. I am aware that any false information submitted in a document to as provided for in s.817.155, F.S.
	Required Signature of Inc	Corporator Date State A