

N22000003868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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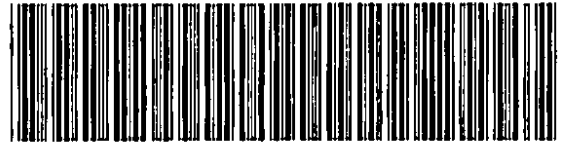
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 14 2022

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TALLAHASSEE, FLORIDA

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✓

COVER LETTER

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

SUBJECT: Kitty City Country Sanctuary, 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: Lisa A Kelly
Name (Printed or typed)

9240 James Way
Address

Panama City, FL 32404
City, State & Zip

850-247-5646
Daytime Telephone number

Pawspanamacity@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314

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: Kitty City Country Sanctuary Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9240 James Way
Panama City, FL 32404

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To rescue domesticated
animals, promote sterilization and rabies
inoculations, to prevent cruelty to animals,
to serve as an education medium, to provide a
lifetime home for rescued cats.

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: Marcia Wiles Pres Name and Title: _____

Address: 3715 Skipper Road Address: _____
Vernon, FL 32462

Name and Title: Terry Kelly VP Name and Title: _____

Address: 9240 James Way Address: _____
Panama City, FL
32404

Name and Title: Lisa Kelly S/T Name and Title: _____

Address: 9240 James Way Address: _____
Panama City, FL
32404

SECRETARY OF STATE
TALLAHASSEE, FL 32304
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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: _____

Address: _____

Lisa Kelly
9240 James Way
Panama City, FL 32404

ARTICLE VII INCORPORATOR

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

Name: _____

Address: _____

Lisa Kelly
9240 James Way
Panama City, FL 32404

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

Lisa Kelly
Required Signature of Registered Agent

3/28/2022
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.

Lisa Kelly
Required Signature of Incorporator

3/28/2022
Date

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TALLAHASSEE, FL 32301

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