

N22000011838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

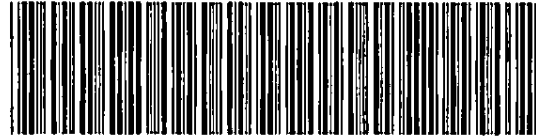
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2022 OCT 11 PM 1:50

CLERK'S OFFICE

COVER LETTER

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

SUBJECT: PEACHES PALM, 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: Maria C. Lowry

Name (Printed or typed)

2532 W. Indiantown Road, A2/3

Address

Jupiter, FL 33458

City, State & Zip

561-745-4944

Daytime Telephone number

MARIADVMJUPITER@YAHOO.COM

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

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

DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

2022 OCT 11 PM 1:50

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

ARTICLE I NAME

The name of the corporation shall be: PEACHES PALS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2532 W. Indiantown Road,

A2/3

Jupiter, FL 33458

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Corporation formed for charitable and preventing cruelty to animals purposes as set forth in 501(c)(3) of the Code. Its purpose is to
develop, promote and support small animal rescue and placement lessening the burdens of government and combating community
deterioration.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Provided in Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria C. Lowry, President

Address: 2532 W. Indiantown Road,

A2/3

Jupiter, FL 33458

Name and Title: Kara Theisen, Secretary

Address: 2532 W. Indiantown Road,

A2/3

Jupiter, FL 33458

Name and Title: Ashley White, VP

Address: 2532 W. Indiantown Road,

A2/3

Jupiter, FL 33458

Name and Title: _____

Address: _____

Name and Title: William Herrmann, Treasurer

Address: 2532 W. Indiantown Road,

A2/3

Jupiter, FL 33458

Name and Title: _____

Address: _____

FILED
OCT 11 2022
CLERK OF CIRCUIT COURT
JUPITER, FL 33458

2022 OCT 11 PM 1:50

ED

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: Maria C. Lowry

Address: 2532 W. Indiantown Road, A2/3

Jupiter, FL 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria C. Lowry

Address: 2532 W. Indiantown Road, A2/3

Jupiter, FL 33458

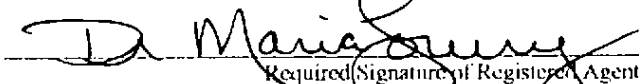
ARTICLE VIII EFFECTIVE DATE:

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.)

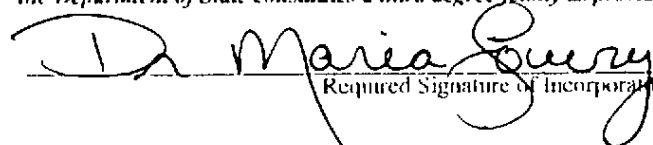
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10-6-2022
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.


Required Signature of Incorporator

10-6-2022
Date

DEPARTMENT OF STATE
RECEIVED FLORIDA

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CCL