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COVER LETTER ,

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

SUBJECT:	Community Cat Caregive		<u> </u>
	(PROPOSED CORPOR	RATE NAME – MUST IN	CLUDE SUFFIX)
		·	
	i zis cata Alada	les effection and	a shack for:
Enclosed is an original and	d one (1) copy of the Artic	les of incorporation and	a check for .
\$7 0.00	□ \$78.75	□\$78.75	\$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
r tillig i ee	Certificate of	& Certified Copy	Certified Copy
	Status	1,	& Certificate
		ADDITIONAL CO	DPY REQUIRED
		· · · · · · · · · · · · · · · · · · ·	
FROM:	Noelle K. Barnes		
I KOM	Name (Printed or typed)		_
	1945 NW 55th Street	L	
-		Address	-
	Miami, Florida 33142		
-	· ·	ity, State & Zip	-

786-584-6203

noellekbarnes@gmail.com

Community Cat Caregivers of Miami, Inc.

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

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

Daytime Telephone number

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

	<u>NAME</u> corporation shall be:	Community Cat Car	regivers of Miam	i, Inc.			
ARTICLE II	PRINCIPAL OFFICE						
	Principal <u>street</u> address	s:		Mailing address, if differe	nt is:		
1	1945 NW 55th Street						
;	Miami, FL 33142						
<u>ARTICLE III</u>		0		in Could Storida based comm	unity aat a	araniva	nc
	which the corporation is the resources they need	organized is.		sist South Florida based comm s, vaccinations, and other medi	· · · · · · · · · · · · · · · · · · ·		
				ders" and the sprawling stray of			
Міаті. Сотп	nunity Cat Caregivers of	f Miami will ultimate	ly provide relief	to local animal shelters who a	ire overflo	wing wi	ith cats
who have bee	n surrendered due to car	regivers lack of resou	irces to continue	their caregiving.			
ARTICLE IV The prelim Subsequent ARTICLE V Name and Title: Address	inary board of directors of the directors will be INITIAL OFFICERS	of our newly formed in elected during our and AND/OR DIRECTOR rd President	nonprofit organiz nual meeting.	tors are elected and appointed: _ration will be appointed by the		ncorpora	ator.
	Miami, FL 33142		-	Miami, FL 33055			
Name and Title: Address	Nadjeda Cherilien, Be 850 NE 156th Terrace North Miami Beach,		Name and Title: Address:			2023 JAH	
Name and Title	:		Name and Title:			-!; AMII:	ï
			-		<u>======</u>	<u></u>	

Name and Title:_	· .	Name and Title:	···	
Address		Address:		
_				
Name and Title:_		Name and Title:		
Address		Address:		
_				
_				
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acce	entable) of the registered agent	ic.	
Name:	Noelle K. Barnes	patric) of the registered agent		
Address:	1945 NW 55th Street			
	Miami, FL 33142			
	INCORPORATOR Idress of the Incorporator is:			
Name:	Noelle K. Barnes			
Address:	1945 NW 55th Street			
	Miami, FL 33142			
Effective date, if	EFFECTIVE DATE: other than the date of filing: January 1, ate is listed, the date must be specific a	2023 (OPT nd cannot be more than five	IONAL) e days prior or 90 days after	r the filing.)
	inserted in this block does not meet the a tive date on the Department of State's red		irements, this date will not b	e listed as the
	ned as registered agent to accept service amiliar with and accept the appointment o			designated in this
N	7 Ell J. Barner. Required Signature of Registered		12/22/	22
	Required Signature of Registered	d Agent	Date	
I submit this docu the Department o	iment and affirm that the facts stated here f State constitutes a third degree felony as	in are true. I am aware that as provided for in s.817.155, F.S	ny false information submitte S.	d in a document to
^ /	7.00. EX B		12/22	122
	Required Signature of Inco	rporator	12/22 Date	2023
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