

N23000002333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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=D

## COVER LETTER

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

The Whisker Fund Foundation Inc.

**SUBJECT:** \_\_\_\_\_  
(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**

Nestha Alcime  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)  
6026 Kalamazoo Ave #107  
\_\_\_\_\_  
Address  
Kentwood, MI 49508  
\_\_\_\_\_  
City, State & Zip  
303-306-4669  
\_\_\_\_\_  
Daytime Telephone number  
specialist@instantnonprofit.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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DEPT OF STATE  
TALLAHASSEE, FL 32310  
AM 10:26

**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: The Whisker Fund Foundation Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
5122 MARSH FIELD RD

SARASOTA, FL 34235

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Our basic mission is to ensure our animal friends reach a final destination that provides their best, happiest life! We provide transportation of domestic animals to safe rescues, shelters, animal control centers, fosters and permanent adopters. Our ongoing efforts will additionally provide resources, expertise and research regarding the status and care of domestic animals, animal welfare, conservation and wildlife disaster support.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: as stated in bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David Lawrence, President

Address: 5122 MARSH FIELD RD  
SARASOTA, FL 34235

Name and Title: David Lawrence, Director

Address: 5122 MARSH FIELD RD  
SARASOTA, FL 34235

Name and Title: Kathleen Dutka, Treasurer

Address: 5122 MARSH FIELD RD  
SARASOTA, FL 34235

Name and Title: Paul Ketcham, Director

Address: 5122 MARSH FIELD RD  
SARASOTA, FL 34235

Name and Title: Kathleen Dutka, Secretary

Address: 5122 MARSH FIELD RD  
SARASOTA, FL 34235

Name and Title: Christine Mills, Director

Address: 5122 MARSH FIELD RD  
SARASOTA, FL 34235

2023 DEC 1 AM 10:26

FILED

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: David Lawrence  
Address: 5122 MARSH FIELD RD  
SARASOTA, FL 34235

**ARTICLE VII INCORPORATOR**

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

Name: David Lawrence  
Address: 5122 MARSH FIELD RD  
SARASOTA, FL 34235

**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*

David Lawrence  
Required Signature of Registered Agent

02 / 05 / 2023

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.*

David Lawrence  
Required Signature of Incorporator

02 / 05 / 2023

Date

2023 FEB 14 AM 10:26

## The Whisker Fund Foundation, a Nonprofit Corporation

### Purpose and Dissolution Clause as required by IRS:

#### Purpose Clause:

*"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.*

#### Dissolution Clause:

*" Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."*

2023 FEB 1 AM 10:26  
STAFF  
ORID:

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Name and Title: Christine Mills, Director

Address: 5122 MARSH FIELD RD  
SARASOTA, FL 34235

2023 FEB 14 AM 10:27  
CLERK OF COURT  
STATE OF FLORIDA

11

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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STATE OF FLORIDA  
CORPORATE SERVICES  
DIVISION

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STAFF  
OFFICE OF THE ATTORNEY GENERAL

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