

N23000002891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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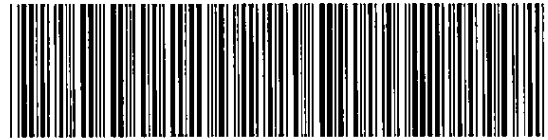
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

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

SUBJECT: ISLAND CATS RESCUE, 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: REBEKA MARTIN
Name (Printed or typed)

1022 EUCLID AVENUE, APT. 10
Address

MIAMI BEACH, FL, 33139
City, State & Zip

305-322-5577
Daytime Telephone number

REBEKA.E.MARTIN@GMAIL.COM

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

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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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: CHRISTOPHER LANGEN

Address: 115 EAST PALM MIDWAY

MIAMI BEACH, FL. 33139

ARTICLE VII INCORPORATOR

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

Name: CHRISTOPHER LANGEN

Address: 115 EAST PALM MIDWAY

MIAMI BEACH, FL. 33139

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

2/21/2023
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.

Required Signature of Incorporator

2/21/2023
Date

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TALLAHASSEE
SECRETARY OF STATE

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

ARTICLE I NAME

The name of the corporation shall be: ISLAND CATS RESCUE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1022 EUCLID AVENUE

#10

MIAMI BEACH, FL, 33139

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE FOOD, MEDICAL, FOSTER AND REHABILITATION SERVICES TO COMMUNITY CATS IN THE
CITY OF MIAMI BEACH AND THE SURROUNDING CAUSEWAYS.

IT WILL FUNCTION AS A NOT-FOR-PROFIT AS OUTLINED BY THE IRS 501(C)3 AND STATE REGULATIONS.

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: REBEKA MARTIN, D

Address: 1022 EUCLID AVENUE
#10

MIAMI BEACH, FL, 33139

Name and Title: VERONICA SOTIR, D

Address: 899 WEST AVENUE
4F

MIAMI BEACH, FL, 33139

Name and Title: SIMONE ANDERSON, D

Address: 702 13TH STREET
#108

MIAMI BEACH, FL, 33139

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL 32310

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TALLAHASSEE, FL 32314

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Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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