# N23000002891

(Requestor's Name)
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(City/State/Zip/Phone #)
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,
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# COVER LETTER.

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

SUBJECT: ISLAND	CATS RESCUE, INC. (PROPOSED CORPO	PRATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	
_	and one (1) copy of the Arti		a check for :  ■ \$87.50	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee &	□\$78.75 Filing Fee	Filing Fee,	
	Certificate of Status	& Certified Copy	Certified Copy & Certificate	
FROM:	REBEKA MARTIN	ADDITIONAL CO	T SECRET	23 FEB 27 PM
i Kowi.	Nan	ne (Printed or typed)	- SE	- F
	1022 EUCLID AVENUE, AP	T. 10		PH 9: 11
		Address	- - 일당 	
	MIAMI BEACH, FL, 33139			
		City, State & Zip	_	
	305-322-5577		_	
	Daytir	ne Telephone number		
	REBEKA.E.MARTIN@GMA	AIL.COM		

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

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

Name and Title:_		Name and Title:	<del></del> _
Address _		Address:	
_			
Name and Title:_		_ Name and Title:	
Address		Address:	
_			
	REGISTERED AGENT		
The <u>name and Fi</u>	orida street address (P.O. Box NOT acc	eptable) of the registered agent is:	
Name:	CHRISTOPHER LANGEN		
Address:	115 EAST PALM MIDWAY		
	MIAMI BEACH, FL, 33139		
	INCORPORATOR Idress of the Incorporator is:		
Name:	CHRISTOPHER LANGEN.		
Address:	115 EAST PALM MIDWAY		7 × ×
	MIAMI BEACH, FL, 33139		23 FEB 27 SEURITARY TALLAHASSI
ARTICLE VIII	EFFECTIVE DATE:		B 27
	other than the date of filing:		$\frac{d}{dt} = \frac{dt}{dt}$
(ii an effective o	late is listed, the date must be specific	and cannot be more than five day	ys prior or 90 days after the filing.
Note: If the date document's effect	inserted in this block does not meet the tive date on the Department of State's re	applicable statutory filing requiren cords.	nents, this date will not be listed as the
	amiliar with and accept the appointment	as registered agent and agree to ac	corporation at the place designated in this It in this capacity
	hy		2/21/2023
	Required Signature of Registere	d Agent	Date
		ein are true. I am aware that any fo	alse information submitted in a document to
	_		2/21/2-2-
	Required Signature of Inco	orporator	2/21/2023 Date

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

ARTICLE I	NAME  The corporation shall be:	ATS RESCUE, INC.				_
<u>ARTICLE I</u>	I PRINÇIPAL OFFICE					
102	Principal <u>street</u> address: 22 EUCLID AVENUE		Mailing address, if diff	èrent is:		
#10	0					
M	AMI BEACH, FL, 33139					
ARTICLE I	II PURPOSE					
	for which the corporation is organized					
PROVIDE	FOOD, MEDICAL, FOSTER AND RE	EHABILITATION SE	RVICES TO COMMUNITY CA	ATS IN THE	E	
CITY OF N	MIAMI BEACH AND THE SURROUN	IDING CAUSEWAY	S.			
IT WILL F	UNCTION AS A NOT-FOR-PROFIT	AS OUTLINED BY T	HE IRS 501(C)3 AND STATE	REGULAT	IONS.	
	The state of the s					
ARTICLE I	V MANNER OF ELECTION The	e manner in which the	firectors are elected and appointed	d·		
					2	
	AS PROVIDED FOR	THE BYLA	W.S.		$\frac{3}{5}$	7
ARTICLE 1	/ INITIAL OFFICERS AND/OR D	<u>IRECTORS</u>		五五 元章	E8 2	
	PEREKA MARTINI D		VEDONICA SOTIDIO	TISSE TISSE		, n
Name and T	itle: REBEKA MARTIN, D	Name and T	VERONICA SOTIR, D	<u> </u>	7	Ö
Address	1022 EUCLID AVENUE	Address:	899 WEST AVENUE		<u>-</u>	
	#10	· · · · · · · · · · · · · · · · · · ·	# 4F			
	MIAMI BEACH, FL. 33139		MIAMI BEACH, FL, 33139			
Name and T	SIMONE ANDERSON, D	Name and T	it <b>le</b> :			
Address	702 13TH STREET	Address:				
	#108					
	MIAMI BEACH, FL, 33139	<del></del>				
Name and T	itle:	Name and T	itle:			
Address		Address:				

# **COVER LETTER**

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

SUBJECT:	CATS RESCUE, INC. (PROPOSED CORPO	RATE NAME – <u>MUST INC</u>	CLUDE SUFFIX)	
Enclosed is an original a	and one (1) copy of the Arti	cles of Incorporation and	a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate 23 FEB 21	FILED
FROM:	REBEKA MARTIN	ADDITIONAL CO	Certified Copy Copy & Certificate All And Copy Copy All All And Copy Copy Copy Copy Copy Copy Copy Copy	
T KOW.	Nam 1022 EUCLID AVENUE, AP	T. 10 Address	<del>-</del>	
	MIAMI BEACH, FL, 33139	City, State & Zip	_	
	305-322-5577	me Telephone number	_	
	REBEKA.E.MARTIN@GMA	AIL.COM		

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

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

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

ARTICLE I The name of the	NAME corporation shall be:	S RESCUE, INC.				
	PRINCIPAL OFFICE					
1022 I	Principal <u>street</u> address: EUCLID AVENUE		Mailing address, if differen	ent is:		
#10						
MIAN	11 BEACH, FL, 33139					
ARTICLE III	<u>PURPOSE</u>					
	r which the corporation is organized in OD, MEDICAL, FOSTER AND REF		ICES TO COMMUNITY CAT	S IN THE	<del></del> .	
	MI BEACH AND THE SURROUNI			-		
IT WILL FUN	CTION AS A NOT-FOR-PROFIT A	S OUTLINED BY THE	IRS 501(C)3 AND STATE RI	EGULATI	ONS.	
						<u> </u>
ARTICLE IV	MANNER OF ELECTION The	manner in which the dire	ctors are elected and appointed:			
	AS PROVIDED FOR	IN THE BYLAWS		ALESE SEE	23	
ARTICLE V	INITIAL OFFICERS AND/OR DI	<u>RECTORS</u>			FEB 2	
Name and Title	REBEKA MARTIN, D	Name and Title	VERONICA SOTIR, D		7 PM	
Address	1022 EUCLID AVENUE	Address:	899 WEST AVENUE	<u> </u>	9: -	س)
	#10		# 4F	-		
	MIAMI BEACH, FL, 33139		MIAMI BEACH, FL, 33139			
Name and Title	SIMONE ANDERSON, D	Name and Title	:			
Address	702 13TH STREET	Address:				
, 133, 403	#108					
	MIAMI BEACH, FL, 33139					
Name and Titl	e:	Name and Title	:			
Address		Address:				

Name and Title:_		Name and Title:	
Address _			
_			
Name and Title:		Name and Title:	
Address _			
-			
	REGISTERED AGENT lorida street address (P.O. Box NOT ac	cceptable) of the registered agent is:	
Name:	CHRISTOPHER LANGEN		
Address:	115 EAST PALM MIDWAY		
	MIAMI BEACH, FL, 33139		
	INCORPORATOR  ddress of the Incorporator is:		
Name:	CHRISTOPHER LANGEN.		23 850 7ALL
Address:	115 EAST PALM MIDWAY		
	MIAMI BEACH, FL, 33139	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	27 P
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, i	f other than the date of filing:	. (OPTIONAL) c and cannot be more than five days pr	
Note: If the dat		e applicable statutory filing requirements	· •
Having been no certificate, I am	uned as registered agent to accept serv familiar with and accept the appointmen	ice of process for the above stated corp nt as registered agent and agree to act in	oration at the place designated in this this capacity
	Required Signature of Register	NA	Z/21/2053
I submit this do	1 0	erein are true. I am aware that any false i	Date
2	/		2/21/2023
	Required Signature of Ir	ncorporator	Date