

N230000009173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

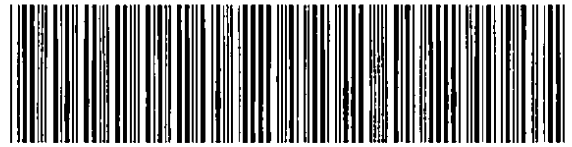
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SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN -1 PM 9:04

COVER LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN - 1 PM 9:04

FILED

SUBJECT: Pugs for Pinky 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: Viki Anders
Name (Printed or typed)

473 NE Acmony Circle
Address

Port St. Lucie, FL 34983
City, State & Zip

443-271-2926
Daytime Telephone number

pugs for pinky 2010@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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2023 JUN - 1 PM 9:04

SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be:

Pugs for Pinky, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

473 NE Armory Circle
Port St. Lucie, FL 34983

Mailing address, if different is:

473 NE Armory Circle
Port St. Lucie, FL 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To raise funds to help sick
and injured pugs in emergencies when the
owners can not pay for medical expenses.
Our mission is that no sick pug in an
emergency will be euthanized because the
owner can not pay for vet bills.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected
by our volunteer board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Lisa Kerner, President

Address:

473 NE Armory Circle
Port St. Lucie FL
34983

Name and Title:

Chris Sollers, 1st Vice President

Address:

2717 Merrick Way
Abingdon, MD 21109

Name and Title:

Baigie L. Crowley

Address:

2nd Vice President
626 W Burntwater Drive
CroValley, AZ 85755

Name and Title:

Viki Anders Treasurer

Address:

473 NE Armory Circle
Port St. Lucie, FL
34983

Name and Title:

Nancy Maria

Address:

1st Secretary
520 Torbert Rd
Fawn Grove, PA 17321

Name and Title:

Lisa Busbee Jeffcoat

Address:

2nd Secretary
760 Oak Dr
Lexington, SC
29093

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:

Lisa Kerner

Address:

473 NE Armory Circle
Port St. Lucie, FL 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Viki Anders

Address:

473 NE Armory Circle
Port St. Lucie, FL 34983

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

5/11/23
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.

Viki Anders
Required Signature of Incorporator

5/11/2023
Date

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TALLAHASSEE, FL