

N23000009836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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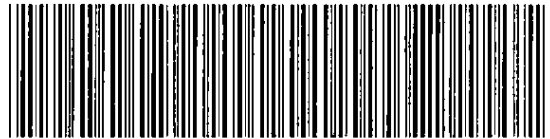
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT:** Dachshund Rescue of North America, 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:** Eileen Pratt  
\_\_\_\_\_  
Name (Printed or typed)

1197 Allaire Loop  
\_\_\_\_\_  
Address

The Villages, FL 32163  
\_\_\_\_\_  
City, State & Zip

703-303-2069  
\_\_\_\_\_  
Daytime Telephone number

cileenpratt@hotmail.com

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

**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: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

1197 Allaire Loop

The Villages, FL 32163

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Dachshund Rescue of North America is a 501(c)(3) nonprofit organization with one sole purpose — rescuing,

rehabilitating and re-homing needy dachshunds and mostly dachshund mixes. We are a network of experienced rescuers with

representation in the northeast, mid-Atlantic, and southeast and have placed almost 12,000 dogs into their forever homes.

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

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

Name and Title: Ann Donnawell	Name and Title: President
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Address 5536 Hunting Horn Dr.	Address: _____
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Ellicott City, MD 21043

Name and Title: Eileen Pratt	Name and Title: Treasurer
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Address 1197 Allaire Loop	Address: _____
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The Villages, FL 32163

Name and Title: Ellen Hatcher	Name and Title: Vice President
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Address 123 Brandywine Road	Address: _____
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Savannah, GA 31405

Name and Title: Linda Mayberry Name and Title: Secretary  
Address: 6545 Yarkin Court Address: \_\_\_\_\_  
Alexandria, VA 22310 \_\_\_\_\_  
\_\_\_\_\_  
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: Eileen Pratt  
Address: 1197 Allaire Loop  
The Villages, FL 32163

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eileen Pratt  
Address: 1197 Allaire Loop  
The Villages, FL 32163

**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

07/25/2023

\_\_\_\_\_  
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

07/25/2023

\_\_\_\_\_  
Date