

N23000011517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000415885000

09/19/23--01006--015 \*\*70.00

2023-10-24

## COVER LETTER

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

**SUBJECT:** EMPTY MEOW CORRAL 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:** Processing Department  
Name (Printed or typed)  
1450 Vassar Street  
Address  
Reno, NV 89502  
City, State & Zip  
800-638-2320 ext 2225  
Daytime Telephone number  
docs@incauthority.com  
E-mail address: (to be used for future annual report notification)

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

2/10/23

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

**ARTICLE I NAME**

The name of the corporation shall be: EMPTY MEOW CORRAL INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3680 33Rd Ave Ne

Naples, FL, 34120

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Dedicated to saving feral cats and combating the feral cat population through positive education and the practice of TNR.

SEE ADDITIONAL ATTACHMENT

**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: Elizabeth Castano, Director

Address: 3680 33Rd Ave Ne  
Naples, FL, 34120

Name and Title: Christian Macquarrie, Director

Address: 3680 33Rd Ave Ne  
Naples, FL, 34120

Name and Title: Ariel Eliot, Director

Address: 3680 33Rd Ave Ne  
Naples, FL, 34120

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

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

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

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

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

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

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: Inc Authority RA \_\_\_\_\_

Address: 390 North Orange Ave., Ste 2300-N \_\_\_\_\_

Orlando FL 32801 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Eliana Garcia \_\_\_\_\_

Address: 1450 Vassar Street \_\_\_\_\_

Reno, NV 89502 \_\_\_\_\_

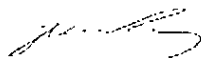
**ARTICLE VIII EFFECTIVE DATE:**

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

9/11/23

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature of Incorporator

9/11/23

\_\_\_\_\_  
Date