## N330000 14731

(Do	questor's Name)	
(Re	questoi s Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nan	no)
(50	Siness Entity Ivan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Special instructions to	i iiiig Onicei.	i
<u>, -</u>		

Office Use Only



300419505333

11/29/25--01015--602 10/70.60

## **COVER LETTER**

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

Oasis Pet Res	scue, Inc.		
BJECT:	(PROPOSED CORF	ORATE NAME - MUST IN	CLUDE SUFFIX)
closed is an original a	and one (1) copy of the Ai	ticles 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 REQUIRE		
	Emily Bruer		
FROM:	No	rme (Printed or typed)	_
	779 Lauren Ct	inic (Trinica or typea)	
		Address	-
	Bartow, FL 33830		·
		City, State & Zip	-
	813-525-7352		
	Day	time Telephone number	_
	emily_bruer@yp	hoo.com	
1		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)

Mailing address, if different is:  Same  ious, educational, and scientific purposes.  ganizations that qualify as exempt organizations  adding section of any future federal tax code,
ious, educational, and scientific purposes. ganizations that qualify as exempt organizations
ganizations that qualify as exempt organizations
ganizations that qualify as exempt organizations
ining section of any fature receive tax code,
<u> </u>
which the directors are elected and appointed:
Sarah Kirby, VP/Treasurer  ame and Title:  779 Lauren Ct.
Bartow, FL 33830
ame and Title:
.ddress:
ame and Title:
.ddress:
1

Name and Title	: <u> </u>	Name and Title:	
Address		Address:	
Name and Title			
Address		Address:	
			<del></del>
	<del></del>		
ARTICLE VI			
The name and I	Florida street address (P.O. Box NOT a	ecceptable) of the registered agent	is:
Name:	Emily Bruer		
Address:	779 Lauren Ct		
Addiess.	Bartow, FL 33830		
	INCORPORATOR		
The name and a	iddress of the Incorporator is: Emily Bruer		
Name:	•		
Address:	779 Lauren Ct.		
radios.	Bartow, FL 33830		
	EFFECTIVE DATE: Date of file of the file of the file of the date of files:	ling (OPT	TONAL)
		c and cannot be more than five	e days prior or 90 days after the filing.)
Note: If the dat document's effe	e inserted in this block does not meet th ctive date on the Department of State's	e applicable statutory filing requeecords.	uirements, this date will not be listed as the
	med as registered agent to accept serv familiar with and accept the appointmen		ted corporation at the place designated in the to act in this capacity
	Einh Brus- Required Signature of Registe		10/11/2023
	Required Signature of Registe	ered Agent	Date
I submit this doc the Department		erein are true. I am aware that a	ny false information submitted in a document t $\Omega$
	Einely Brunn Required Signature of In		10/11/2023
	Required Signature of In	corporator	Date