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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
POPS FOR PAWS INC

Certificate of Status	0
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January 25, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: POPS FOR PAWS INC
REF: W24000011810

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

3 DIRECTORS MUST BE LISTED ONCE 1 DIRECTOR IS APPOINTED FOR NON-PROFITS.

If you have any further questions concerning your document, please call (850) 245-6052.

Rickey L Richardson
Regulatory Specialist II
New Filing Section

FAX Aud. #: H24000032318
Letter Number: 324A00001577

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

ARTICLE I NAME

The name of the corporation shall be: POPS FOR PAWS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 10171 WINDERMERE CHASE BLVD.
GOTHA, FLORIDA 34734

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOUNDATION TO HELP AND PROTECT NEEDED ANIMALS.
TO EDUCATE ABOUT PREVENTING ANIMAL ABUSE AND EDUCATE HOW TO BE A RESPONSIBLE PET OWNER.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>LINA OSORIO VASQUEZ P.D.</u>	Name and Title:	_____
Address	<u>10171 WINDERMERE CHASE BLVD.</u>	Address:	_____
	<u>GOTHA, FLORIDA 34734</u>		_____

Name and Title:	<u>DIANA RIOS. DIR</u>	Name and Title:	_____
Address	<u>1420 MCILHENNY STREET</u>	Address:	_____
	<u>HOUSTON TX 77004</u>		_____

Name and Title:	<u>CARLOS ESTRADA OSORIO. DIR</u>	Name and Title:	_____
Address	<u>9025 CREEKVIEW PRESERVE DR # 403</u>	Address:	_____
	<u>ORKANDO, FL 32837</u>		_____

FILED
FEB 26 2024
TALLAHASSEE
FLORIDA
CLERK OF CIRCUIT COURT

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: LINA OSORIO VASQUEZ
Address: 10171 WINDERMERE CHASE BLVD.
GOTHA, FLORIDA 34734

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LINA OSORIO VASQUEZ
Address: 10171 WINDERMERE CHASE BLVD.
GOTHA, FLORIDA 34734

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

[Signature]
Required Signature of Registered Agent

01/25/2024
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.

[Signature]
Required Signature of Incorporator

01/25/2024
Date

FILED
FEB 26 2024
TALLAHASSEE
FLORIDA