N9600004599

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

Tallahassee, l	[4], 32314								
SUBJECT:	Tampa	PAWS, Inc. (Proposed corpor	ate name - must include si	iffix)					
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	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Cop & Certificate	у				
FROM	: Willia	ım A. Tracy Nume	/ (Printed or typed)	<u>.</u>	77.1				
1917 E. Clinton Street Address									
	<u>Tampa,</u>	Florida 3	3610 y, State & Zip		7.15 30 FII	TLED			
	(813)	237-8089	Telephone number		I: 20 TATE ORIDA	•			

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

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be.

TampaPaws, Inc.

ARTICLE II

Principal place of business and mailing address
The principal place of business and mailing address of this corporation shall be:

1917 East Clinton Street Tampa, Florida 33610

5 25 30 E F 7

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

TampaPAWS provides volunteer and financial assistance to our clients by doing whatever may be needed to help keep the pet and client together as long as possible.

A corp of dedicated volunteers walks dogs, change litter boxes, transport pets, provide foster care, and even adopt orphaned pets. Tampa PAWS, Inc. provides educational materials dealing ways to reduce medical risks of pet ownership for those with suppressed immune systems and terminal illness. We also provide fonancial assistance for pet food and emergency medical bills. We work closely with Hills. Humane society and animal Services.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

Each member is elected by majority vote and at times appointed.

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617 0302, Florida Statutes, unless limited are as follows

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is

William A. Tracy 1917 East Clinton Street Tampa, Florida 33610

(813) 237-8089

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Catherine Thompson 9611 24th Street N. Tampa, Florida 33612

William A. Tracy 1917 E. Clinton Street Tampa, Florida 33610

Typed name of incorporator signing

Donna Olmstead 1203 Magdelene Grove Ave. Tampa, Florida 33613

Tampa,Florida 33613	
¹ मिर्द्रियात्तीersद्विhèd्यात्तिश्चणाम्यात्त्रात्तित्त्रात्त्रत्त्रात्त्रात्त्रत्त्रत्तत्त्रत्तत्तत्त्रतत्त्रतत्त्रत्तत्त	hese Articles of Incorporation this day of
Signature of Incorporator Litting of Annay	
William & man	William A. Tracy

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617 0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

TampaPAWS, Inc.	₹. 98
(must include suffix) 2. The name and address of the registered agent and office is:	FILED AUG 30 PH 1: 20 AUG STATE AUG STE FLORIDA
William A. Tracy	
(NAME)	!!

1. The name of the corporation is:

Tampa, Florida 33610
(CITY/STATE/ZIP)

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

1917 East Clinton Street

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

William Edward (Date)



Division of Corporations State of Florida 2180 West SR 434 P.O. Box 6327

Suite 5000

Tallahassee, FL 32314

Longwood, FL 32779

Brighton Neighborhood Association. Inc. PH: 407-788-6700 RE: Document Number N96000004599

FAX: 407-788-7488

Gentlemen:

Would you please correct the mailing address and the business address of the subject corporation to read:

2180 West SR 434, Suite 5000 Longwood, FL 32779-5044

We will be forwarding a Change of Registered Agent Form shortly.

Should you have reason to correspond with us concerning this association, please refer to it by name. We manage over 300 such associations and correspondence addressed to Sentry Management cannot be identified.

Thank you.

Sincerely,

SENTRY MANAGEMENT, INC.

Sheei Baewick

Sherri Barwick

Manager of Operations

GJackson

54/17



Division of Corporations State of Florida 2180 West SR 434 P.O. Box 6327 Suite 5000 Tallahassee, FL 32314

Longwood, FL 32779

PH 407-788-6700 RE:

Brighton Neighborhood Association. Inc. Document Number N96000004599

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Thank you.

Sincerely,

SENTRY MANAGEMENT, INC.

Shall Basevick

Sherri Barwick

Manager of Operations

cc: GJackson

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