

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

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

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME	
The name of the corporation shall be: WILLIFE HAVEN INC.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
9812 Linda Place Tampa, Fl. 33610	
The specific purpose(s) for which the comoration is organized is(are):	
To provide Education to the public on wild life. That	ar
The specific purpose(s) for which the corporation is organized is(are): To provide Education to the public on wild life. That Endangered to area. To provide medical Attention Shelter + Rehabilitation.	
Sheller + Kenenllithtlon.	
ARTICLE IV MANNER OF ELECTION OF DIRECTORS	
The manner in which the directors are elected or appointed is:	
As stated in by laws,	
TAS 9	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	'à
The name and Florida street address of the initial registered agent are:	ł
Simeon Frost 1812 Linda Flace	
9812 Linda Hace	
Trampo DI 33610	
ARTICLE VI INCORPORATOR	
The name and address of the Incorporator to these Articles of Incorporation are:	i.
Sherie Calhour	
gria Linar Mace	-
TAMPA 27 33610	
Leve of allows 1-10-99	
Signature/Incorporator Date	-

(An additional article must be added if an effective date is requested.)

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.

Signature/Registered Agent

Date