

P080000 99797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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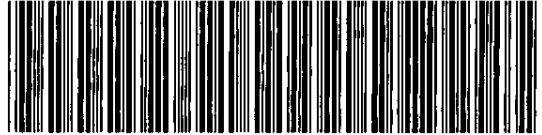
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 NOV -7 P 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV -7 2008
D.A. WHITE

COVER LETTER

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

SUBJECT: the Sanctuary of Arcadia, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: _

Name (Printed or typed)

Norma Banas

Address

2114 SW gator Trail

City, State & Zip

Arcadia, FL. 34266

Daytime Telephone number

863 - 494 - 4325

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: *the Sanctuary of Arcadia, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*2114 SW Gator Trail
Arcadia, FL 34266*

*P.O. Box 2112
Arcadia, FL 34265*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *to promote, protect & fund
an avian and small animal exotic sanctuary in Arcadia, FL.*

ARTICLE IV SHARES

The number of shares of stock is: *10*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Norma Banas
2114 SW Gator Trail
Arcadia, FL 34266*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Norma Banas
2114 SW Gator Trail
Arcadia, FL 34266*

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

Norma Banas

Signature/Registered Agent

Norma Banas

Signature/Incorporator

11/4/08

Date

11/4/08

Date

FILED
2008 NOV - 1 P 3 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA