## 76000022833

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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Special Instructions to Filing Officer:				

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MAR 1 4 2016 T. SCOTT



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## **COVER LETTER**

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

SUBJECT: MC	ORNINGSIDE RETRIEVER K	CENNELS IN	IC.	
BODSECT	(PROPOSED C	CORPORAT	E NAME – <u>MUST INCLU</u>	JDE SUFFIX)
Enclosed are ar	n original and one (1) copy	of the artic	eles of incorporation and	a check for:
☐ \$70. Filing F		atus	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
		L		
FROM	JILL VOLSCH		٠	
		Name (	(Printed or typed)	
	124 S QUAIL HOLLOW RO	)AD		
		A	ddress	
	HAVANA, FLORIDA 32333	3		
		City, S	tate & Zip	
	850 539-9633			4
		Daytime Te	lephone number	
	morningsideretri@bellsouth.r	net		
	E mail addraga:	(to be wood	for fiture annual report	oti Gostion)

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 corpora	tion shall be: MORNINGSIDE RETRIEVER	KENNELS INC.	
ARTICLE II PRINC	CIPAL OFFICE Principal street address	Mailing address, if o	lifferent is:
124 SOUTH QUAIL H	OLLOW ROAD		
HAVANA	FLA. 32333		
ARTICLE III PURPO The purpose for which t	he corporation is organized is: to engage in a r the laws of the state of Florida.	any lawful act or activity for which a	corporation
may be organized under	the laws of the state of Fiorida.		
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		· · ·	
· · · · · · · · · · · · · · · · · · ·			
	AL OFFICERS AND/OR DIRECTORS  JILL VOLSCH, PRESIDENT  124 SOUTH QUAIL HOLLOW ROAD	Name and Title:	·
Address		Address:	
	HAVANA, FL 32333		
Name and Title:		Name and Title:	
Address	124 SOUTH QUAIL HOLLOW ROAD	Address:	
	HAVANA, FL 32333		<u> </u>
			3 3
Name and Title:		Name and Title:	
Address		Address:	<del>- 38 - 3 -</del>

Name and	Name and	1 1 itle:
Address	Address:	<del></del>
	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable) of the registe	red agent is:
Name:	JILL VOLSCH	
Address:	124 South QUAIL HOLLOW RD	
	HAVANA, FL 32333	
<u>ARTICLE VII I</u>	INCORPORATOR	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	KENNETH O'BRIEN	
Address:	124 SOUTH QUAIL HOLLOW ROAD	
. Idai ess.	HAVANA, FL 32333	
Effective date, if of (If an effective date)	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cannot be more	(OPTIONAL) than five business days prior or 90 business
days after the fili	ing.)	
	inserted in this block does not meet the applicable statutory fifective date on the Department of State's records.	ling requirements, this date will not be listed as
	ed as registered agent to accept service of process for the abo m familiar with and accept the appointment as registered age	
1	in Volan	3-14-2016
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are true. I am Department of State comstitutes a third degree felony as provid	
Kin	Net The Men	3-14-2016
Requir	ed Signature/Incorporator	Date