# 24F\_24000019

(Requestor's Name)		
(Address)		
(Address).		
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		:





700285523657

05/11/16--01016--005 \*\*70.00

16 HAY 11 PM 1: 26

# THE CASSOWARY CONSERVATION PROJECT, INC.

3301 S. BROCKSMITH RD FORT PIERCE, FL 34945

JANUARY 21, 2016 JEBRUARY 27 2016.

Secretary of State Capitol Building Tallahassee, FL 32304

Attention: Corporation Division

RE: THE CASSOWARY CONSERVATION PROJECT, INC.

Dear Sir or Madam,

Please accept for filing, the Articles of Incorporation and the Resident Agent form which designates the Resident Agent for the above-captioned corporation. Enclosed is our check in the amount of \$70.00 to cover the following fees:

Filing Original Articles of Incorporation \$35.00 Resident Agent Fee 35.00

Total \$70.00

15 April 2016

Cordially,

SCOTT SNEDEKER

### STATE OF FLORIDA

#### **SECRETARY OF STATE**

Certificate designating place of business or domicile for the service of process within this state, naming agent upon whom process may be served and names and addresses of the officers and directors.

#### THE CASSOWARY CONSERVATION PROJECT, INC.

The following is submitted, in compliance with Chapter 48.091, Florida Statutes: The Cassowary Consercation Project, Inc., a corporation organized under the laws of the state of Florida, with its principal office at 3301 S. Brocksmith Rd, Fort Pierce, FL 34945 has named Scott Snedeker at 3301 S. Brocksmith Rd, Fort Pierce, FL 34945 County of SAINT LUCIE, as its agent to accept service of process within this state.

**OFFICERS** 

TITLES

**SPECIFIC ADDRESSES** 

Scott Snedeker

PRES/DIR.

3301 S. Brocksmith Rd, Fort Pierce, FL 34945

# **ACCEPTANCE**

I agree as Resident Agent to accept service of process: to keep this office open during prescribed hours, to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous Place in the office as required by law.

DATED: 15 April 2016

Cott Snedeker

16 MAY 11 PM 1:26

# <u>CERTIFICATE OF INCORPORATION</u> <u>-OF-</u> THE CASSOWARY CONSERVATION PROJECT, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

#### **ARTICLE I. NAME**

The name of this corporation is THE CASSOWARY CONSERVATION PROJECT, INC.

#### **ARTICLE II. DURATION**

The term of existence of the corporation is perpetual.

#### **ARTICLE III. PURPOSE**

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

#### **ARTICLE IV. CAPITAL STOCK**

The aggregate number of shares which the corporation has authority to issue is 1,000,000, all of which shall be common shares with par value of \$0.01.

## **ARTICLE V. REGISTERED OFFICE**

The street address and mailing address of the principal place of business is 3301 S. Brocksmith Rd, Fort Pierce, FL 34945 and the street address of the initial registered office of the corporation is 3301 S. Brocksmith Rd, Fort Pierce, FL 34945 and the name of the initial registered agent is SCOTT SNEDEKER.

### **ARTICLE VI. DIRECTORS**

The Board of Directors of the corporation shall consist of one member, but may be increased or decreased by a resolution of the Board of Directors adopted in the manner provided in the Bylaws of the corporation, provided that in no event shall the Board of Directors consist of less than one member.

The name and address of the Director which constitutes the first Board of Directors of the Corporation is:

**NAME** 

<u>ADDRESS</u>

SCOTT SNEDEKER

3301 S. Brocksmith Rd, Fort Pierce, FL 34945

#### **ARTICLE VII. INCORPORATORS**

The name and address of the incorporator of the corporation is:

**NAME** 

**ADDRESS** 

SCOTT SNEDEKER

3301 S. Brocksmith Rd, Fort Pierce, FL 34945

IN WITNESS WHEREOF, the undersigned have subscribed their name this \_\_\_\_\_\_ day of \_\_\_\_\_\_ 2016

SCOTT SNEDEKER

STATE OF FLORIDA ) :s
COUNTY OF ST. LUCIE )

On this 15 day of April 2016, before me, the undersigned officer, personally appeared as SCOTT SNEDEKER, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

SAMUEL WALTER MORGAN
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF927740
Expires 10/14/2019

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE