

P19000018535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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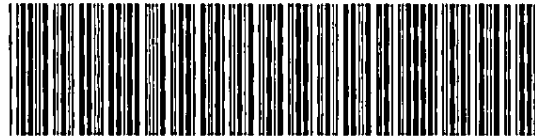
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019

Brumpley

COVER LETTER

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

SUBJECT: BLUES ANIMAL SHELTER, INC.

(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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: HECTOR ANDRES GUERRERO
Name (Printed or typed)

150 E ROBINSON ST UNIT 1018
Address

ORLANDO FL 32801
City, State & Zip

407-451-5758
Daytime Telephone number

HECTGUER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: BLUES ANIMAL SHELTER, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
150 E ROBINSON ST UNIT 1018
ORLANDO, FL 32801

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Blues Animal Shelter is an animal welfare organization focused on providing
finite resources to rescued dogs and cats in the central Florida region. Primary purposes include: volunteer-based services,
community awareness through education, foster and rescue programs and treatment services.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Majority vote by
board of directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anna Luiza Serwy Constantino, President

Address: 141 E 56th St APT PH
New York, NY 10022

Name and Title: _____

Address: _____

Name and Title: Hector Andres Guerrero, Vice President

Address: 150 E Robinson St unit 1018
Orlando FL 32801

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Anna Luiza Serwy Constantino

Address: 150 E Robinson St Unit 1018

Orlando, FL 32801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hector Andres Guerrero

Address: 150 E Robinson St unit 1018

Orlando, FL 32801

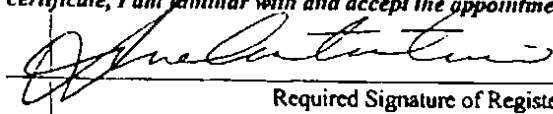
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

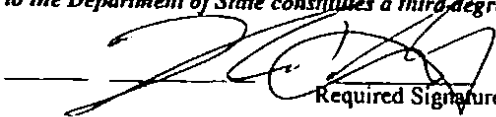
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

02/17/2019
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

2/21/2019
Date