



## COVER LETTER

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

SUBJECT: Shelter Mc Citrus 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: Donna R. Schmid  
Name (Printed or typed)

507 S Shoreline Dr  
Address

Floral City Fl. 34436  
City, State & Zip

353-422-5525  
Daytime Telephone number

*ducks*  
~~ducks~~@tampabay.rr.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: Shelter Me Citrus Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
5075 S Shoreline Dr. Floral City Fl 34436

Mailing address, if different is:  
P O Box 1111 Inverness Fl 34451

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 SEP 19 AM 11:39

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To do fund raising to build a new animal shelter in Citrus County Florida

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Donna Schmid President

Address 5075 S Shoreline Dr  
Floral City  
Florida 34436

Name and Title: Wanda Moak

Address: 2604 E Hampshire  
Inverness  
Florida 34453

Name and Title: Karen Esty Vice President

Address 2409 Wilson St  
Inverness  
Florida 34453

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Debbie Ressler Sec/Tres

Address 9373 E Rivermoon Ct  
Inverness  
Florida 34453

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Donna Schmid

Address: 5075 S Shoreline Dr  
Floral City FL 34436

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shelter Me Citrus

Address: P O Box 1111  
Inverness Fl 34436

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**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 business days prior or 90 business 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*

Donna R Schmid  
Required Signature of Registered Agent

9-15-2016  
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.*

Donna R Schmid  
Required Signature of Incorporator

9-15-2016  
Date