

N 2400000 5094

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000151656 3)))



H240001516563ABCJ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

2024 APR 25 PM 5:03

FLORIDA PROFIT/NON PROFIT CORPORATION  
IT TAKES A VILLAGE RESCUE MISSION OF SOUTH FLORIDA I

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED  
2024 APR 25 PM 11:07  
SECRETARY OF STATE  
ALLAHASSE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: IT TAKES A VILLAGE RESCUE MISSION

**ARTICLE II PRINCIPAL OFFICE OF SOUTH FLORIDA INC**

Principal street address:

Mailing address, if different is:

16315 NW 24TH AVE

MIAMI GARDENS FL 33054

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: RESCUE ABANDONED ANIMALS  
IN SOUTH FLORIDA, RESTORE THEM BACK TO HEALTH,  
PROVIDE TRAINING AND FIND PERMANENT HOMES WITH  
QUALIFIED FAMILIES.

REMOVE ANIMALS FROM ABUSIVE, NEGLECTFUL OR  
ENDANGERING SITUATIONS.

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

By the bylaws

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

Name and Title: MARIANELA ARTEAGA (P) Name and Title:

Address: 16315 NW 24TH AVE Address:  
MIAMI GARDENS FL 33054

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

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

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

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

FILED  
2024 APR 25 PM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: MARIANELA ARTEAGA

Address: 16315 NW 24TH AVE  
MIAMI GARDENS FL 33054

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIANELA ARTEAGA

Address: 16315 NW 24TH AVE  
MIAMI GARDENS FL 33054

*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*

*Martinez*

Required Signature of Registered Agent

4/24/24

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.*

*Martinez*

Required Signature of Incorporator

4/24/24

Date