N. Y. S. DEPARTMENT OF STATE DIVISION OF CORPORATIONS

ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME : LAST CHANCE ANIMAL RESCUE FUND INC.

DOCUMENT TYPE : ASSUMED NAME CERTIFICATE

FILER:

FILED: 12/20/2010 _____

CASH#: 249935

FILM#: 20101220014

ESSEKS, HEFTER & ANGEL LLP

108 EAST MAIN STREET

P.O. BOX 279

RIVERHEAD NY 11901

PRINCIPAL LOCATION ______

61 SHORE ROAD

SOUTHAMPTON NY 11968

COMMENT:

HANDLE:

ASSUMED NAME

OPERATION FIX

50.00

SERVICE COMPANY : UNITED CORPORATE SERVICES, INC.

CODE: 37 BOX : 44

FEES 210.00 PAYMENTS: 210.00 -----

FILING : 25.00 CASH

CASH : CHECK : COUNTY: 125.00 210.00

COPIES : 10.00 C CARD :

MISC .00

REFUND

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 20, 2010.

(MA sho

Daniel E. Shapiro First Deputy Secretary of State

201017710

NYS Department of State Division of Corporations, State Records and Uniform Commercial Code One Commerce Plaza, 99 Washington Ave. Certificate of Assumed Name ----- Albany-NY-12231-0001 Pursuant-to-General Business Law, §1-30-.www.dos.state.ny.us 1. NAME OF ENTITY LAST CHANCE ANIMAL RESCUE FUND INC. 1a. FOREIGN ENTITIES ONLY, If applicable, the fictitious name the entity agreed to use in New York State is: 2. NEW YORK LAW FORMED OR AUTHORIZED UNDER (CHECK ONE): Business Corporation Law Limited Liability Company Law **Education Law** Not-for-Profit Corporation Law insurance Law Revised Limited Partnership Act Other (specify law): 3. ASSUMED NAME **OPERATION FIX** 4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST BE NUMBER AND STREET, IF NONE, INSERT OUT-OF-STATE ADDRESS) 61 Shore Road Southampton, New York 11968 5. COUNTIES IN WHICH BUSINESS WILL BE CONDUCTED UNDER ASSUMED NAME ALL COUNTIES (if not, circle county[ies] below) Albany Clinton Genesee Monroe Orleans Saratoga Tompkins Oswego Allegany Columbia Greene Montgomery Schenectady Ulster **Bronx** Cortland Hamilton Otsego Schoharie Warren Broome Delaware Herkimer New York Putnam Schuyler Washington Cattaraugus Wayne Dutchess Jefferson Niagara Queens Seneca Cayuga Erie Kings Oneida Rensselaer Steuben Westchester Chautauqua Essex Lewis Onondaga Richmond Suffolk Wyoming Chemung Franklin Livingston Ontario Rockland Sullivan Yates Chenango Fulton Madison St. Lawrence Orange Tloga 5. INSERT THE ADDRESS OF EACH LOCATION WHERE BUSINESS WILL BE CARRIED ON OR TRANSACTED UNDER THE ASSUMED NAME. Use a continuous sheet, if needed. (The address must be set forth in terms of a number and street, city, state and zip code. Please note that the address(es) reflected in paragraph 6 must be within the county(les) circled in paragraph 6. If the entity does not have a specific location where it will conduct business under the assumed name please check the statement below.) 61 Shore Road Southampton, New York 11968

DOS-1338-f-I (Rev. 04/10)

No New York State Business Location

4.000
ASSUMED NAME E
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ent of State. You are not required to use this form. You may res. The Department of State recommends that all documents be be submitted with a \$25 fee. The Department of State also make in which a corporation does or transacts business: \$100 for usens and Richmond) and \$25 for each county outside New York
CTATE OF SULLIVORY
DEPARTMENT OF STATE
DFC 10 2010 DFC 10 2010 BY: QMU

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