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

FILED: 12/20/2010 FILER:

CASH#: 249961 ----

FILM#: 20101220037

ESSEKS, HEFTER & ANGEL, LLP

108 EAST MAIN STREET

P.O. BOX 279

RIVERHEAD NY 11901

PRINCIPAL LOCATION

61 SHORE ROAD

SOUTHAMPTON NY 11968

COMMENT:

ASSUMED NAME _____

LAST CHANCE ANIMAL RESCUE

SERVICE COMPANY : UNITED CORPORATE SERVICES, INC. CODE: 37 BOX : 44

PAYMENTS: 210.00 FEES 210.00

25.00 CASH : FILING :

CHECK : COUNTY : 210.00

125.00

C CARD : COPIES : 10.00

MISC : .00 HANDLE : 50.00

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.

(At the

Daniel E. Shapiro First Deputy Secretary of State NYS Department of State

Division of Corporations, State Records and Uniform Commercial Code

One Commerce Plaza, 99 Washington Ave,
Albany, NY 12231-0001

www.dos.state.ny.us

Certificate of Assumed Name Pursuant to General Business Law, §130

1. NAME OF ENTIT	γ						
LAST CHANG	E ANIMAL RE	SCUE FUND IN	IC.			•	·
1a. FOREIGN ENT	TTIES ONLY. If appli	cable, the fictitious nar	ne the entity agreed t	o use	In New York State	s is:	
			·			. —	
2. NEW YORK LAV	FORMED OR AUT	ORIZED UNDER (CI	IECK ONE):				
AL NOTES A LONG	Business Corpo	ration_Law	ا جمدت عمد			ty Company Law	
	Education Law	- Control of the Cont		X	Not-for-Profit	Corporation Law	
	Insurance Law	•			Revised Limit	ed Partnership Ac	
	Other (specify la	aw):			_1/44_1-4	سنمد د برجیسا ادینجی ست	
3. ASSUMED NAM	E						
LAST CHANG	E ANIMAL RE	SCUE					
			(MUST BE NUMBER	AND	STREET. IF NON	E, INSERT OUT-OF-S	TATE ADDRESS)
	<u> </u>						
61 Shore Roa	ad					•	
	, New York 11	968					
والشقامات والمعتاد مواحد المستسود			e e e e e e e e e e e e e e e e e e e				
5. COUNTIES IN V	VHICH BUSINESS W	ILL BE CONDUCTED	UNDER ASSUMED	NAM	Ξ ·		
	<u> </u>	(if not, circle cou			_		
Albany	Clinton	Genesee	Мопгое	-	Orleans	Saratoga	Tompkins
Allegany	Columbia	Greene	Montgomery		Oswego	Schenectady	Ulster
Вгопх	Cortland	Hamilton			Otsego Putnam	Schoharie	Warren Washington
Broome Cattaraugus	Delaware Dutchess	Herkimer Jefferson	New York Niagara		Queens	Schuyler Seneca	Wayne
Cayuga	Erte	Kings	Oneida		Rensselaer	Steuben	Westchester
Chautauqua	Essex	Lewis	Onondaga		Richmond	(Suffolk)	Wyoming
Chemung	Franklin	Livingston	Ontario		Rockland	Sullivan	Yates
Chenango	Fulton	Madison	Orange		St Lawrence	Tioga	
6. INSERT THE A	DDRESS OF EACH	OCATION WHERE E	USINESS WILL BE (ARR	ED ON OR TRAN	NSACTED UNDER THE	ASSUMED NAME.
Use a continuo	us sheet. If needed, (The address must be	se! forth in terms of a	num	per and street, city	, state and zip code. Pie loes not have a specific	ese note that the
conduct busine	ess under the assume	d name please check	the statement below.		pri or it this office,		
61 Shor	e Road						
	npton, New Yo	k 11968	ii- >		4		•
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	N V . J. DI	Business Locatio					

VN-37

20101220037

INSTRUCTIONS FOR SIGNATURE: If corporation, by an officer, if limited partnership, by a general partner, if limited liability company, by a member or manager or by an authorized person or attorney in-fact—for such corporation, limited partnership, or limited liability company. If the certificate is signed by an attorney-in-fact include the name and title of the person for whom the attorney-in-fact is acting. (Example, John Smith, attorney-in-fact for Robert Johnson, president.)

	Knowlton Signer Signature Signature	
resident		
itie of Si		·
	CERTIFICATE OF ASSUMED NAME	
÷	Maria and the same	
AST CHA	NOCE ANIMAL RESCUE FUND INC.	
	(Insert Entity Name)	
,	Pursuant to \$130, General Business Law	•
		_ ==
iled by:	Esseks, Hefter & Angel, LLP	10 DEC
	(Name)	B
	108 East Main Street, P.O. Box 279	20
	(Mailing-address)	
•	Riverhead, New York 11901	=======================================
10 TE : Ti	(City, State and Zip code) its form was prepared by the New-York State Department of State. You are not required to use this form. You me	
ratt-your- orepared u collects the each count	(City, State and Zip code) its form was prepared by the New-York State Department of State. You are not required to use this form. You me own-form or use-forms available at legal-stationery stores. The Department of State recommends that all document of the guidance of an attorney. The certificate must be submitted with a \$25 fee. The Department of State also a following, additional, county clerk fees for each county in which a corporation does or transacts business: \$10 y within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county putside New	esy uts be
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