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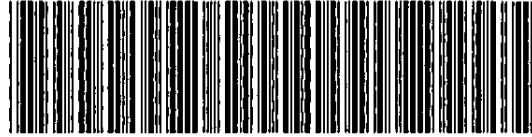
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T. SCOTT



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15 MAY 21 PM 1:00

COVER LETTER

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

SUBJECT: Gaits of Hope Ranch 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: Debbie R Sturgill

Name (Printed or typed)

16917 Harrierridge Place

Address

Lithia, FL, 33547

City, State & Zip

813-446-8860

Daytime Telephone number

sturgillmd@aol.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: Gaits of Hope Ranch, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9107 Lithia Pinecrest Road, Lithia, FL, 33547

Mailing address, if different is:

16917 Harrierridge Place, Lithia, FL, 33547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is established to provide therapy, healing, and ministry to children and adults recovering from traumatic life events. It will work to strengthen a persons verbal communication skills through interaction with horses that will enable security and attachment for future relationships with other people. Through Equine Assisted Therapy and Learning we will be able to minister to children in the foster care system and adults dealing with post traumatic stress disorder. This corporation is established for charitable purposes only.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Corp. By-Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Grant Salstrom

Address: 58 Abbingdon Lane
Sewell, NJ, 08080

Name and Title: Dr. Dale Burroughs

Address: 4608 Orlando Circle
Bradenton, FL, 34207

Name and Title: Dan Claassen

Address: 4401 West Kennedy Boulevard
Tampa, FL, 33609

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

15 MAY 21 PM 1:00

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: Debbie R Sturgill
Address: 16917 Harrierridge Place
Lithia, FL, 33547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Debbie R Sturgill
Address: 16917 Harrierridge Place
Lithia, FL, 33547

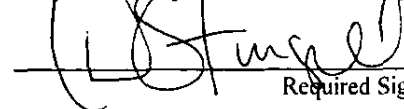
ARTICLE VIII EFFECTIVE DATE:

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


Required Signature of Registered Agent

5-18-15
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

5-18-15
Date