

N160000006363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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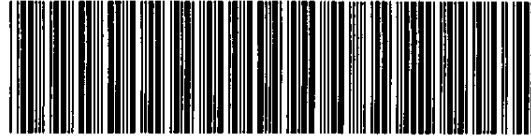
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

me 6/24/16

# COVER LETTER

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

**SUBJECT:** Happy Equine Assisted Learning environment, Inc. (H.E.A.L.e.)

**(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:** Christine Durkin  
Name (Printed or typed)

4539 Cemetary Rd.  
Address

Mount Dora, FL 32757  
City, State & Zip

321-663-6059  
Daytime Telephone number

durkin1@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2016

CHRISTINE DURKIN  
4539 CEMATARY ROAD  
MOUNT DORA, FL 32757

SUBJECT: HAPPY EQUINE ASSISTED LEARNING ENVIRONMENT, INC  
(H.E.A.L.E.)  
Ref. Number: W16000018859

We have received your document for HAPPY EQUINE ASSISTED LEARNING ENVIRONMENT, INC (H.E.A.L.E.) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 816A00005197

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

**ARTICLE I NAME**

The name of the corporation shall be: HAPPY EQUINE ASSISTED LEARNING ENVIRONMENT, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4539 Cemetary Rd

Mount Dora FL 32757

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
Equine therapy unites horses with humans in order to heal our hearts, minds and lives as well as empowering the horse in the creation of an authentic partenership with trust and fulfillment for both. This work takes place on the ground as opposed to riding on the backs of horses. Horses have a unique sence of energy and clients find that bonding with horses touches a deep part of the human spirit and allows us to build confidence, awareness, spirituality while resolving the shadows that bind us.

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

Appointed by registered agent

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

Name and Title: Christine Durkin LCSW

Address 4539 Cemetary Rd  
Mount Dora, FL 32757

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

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

Name and Title: Charles Triana

Address 4539 Cemetary Rd.  
Mount Dora, FL 32757

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

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

Name and Title: Mark Rockmore

Address 4539 Cemetary Rd  
Mount dora, FL 32757

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

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

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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: Christine Durkin  
 Address: 4539 Cemetary Rd.  
Mount Dora, FL 32757

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 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Christine Durkin  
 Address: 4539 Cemetary Rd.  
Mount dora, FL 32757

**ARTICLE VIII EFFECTIVE DATE:** 2-29-16

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*

*CDurkin*

Required Signature of Registered Agent

3-23-16

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.*

*CDurkin*

Required Signature of Incorporator

3-23-16

Date