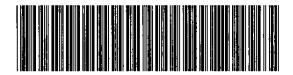
N1700001886

(Re	equestor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



900295535279

02/17/17--01012--005 **70.00

ECRETARY OF STATE

FILEO

2/21/17

COVER LETTER

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

Chiefs Ole SUBJECT:	d Cypress Preserve Equi		DE SUFFIX)	
Enclosed is an original a	and one (1) copy of the Artic	eles 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		
Brynne Rorke{Yippiekiyay Nonprofit Solutions FROM: Name (Printed or typed)				
	6295 Greenwood Plaza			
Address				
	Greenwood Village, CO 80111			
	City, St	ate & Zip	-	

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

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

303-747-4793

colleencollins64@gmail.com

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

ARTICLE I NAME Chiefs Old Cypress Preserve Equine Rescue, Inc The name of the corporation shall be:			
RTICLE II	PRINCIPAL OFFICE		
Principal <u>street</u> address: 1610 Rock Rd.		Mailing address, if different is:	
Nap	les, FL 34120		
ARTICLE III	T PURPOSE to pur which the corporation is organized is:	provide resuce to horses. Please see attached	l.
ne purpose ro		SE	
			n Fi
		SP.	R F F
			<u>يد</u> پن
		~ D	
<u>ARTICLE V</u>	Colleen Collins-Engel President		
Vame and Title	1610 Rock Rd.	Name and Title:	
Address	Naples, FL 34120	Address:	
and Tisk	Linda Royer, Treasurer	Name and Title:	
lame and Title	1610 Rock Rd.	 -	
Address	Naples, FL 34120	Address:	
Name and Title	Rebecca Gaylan, Secretary	Name and Title:	
Address	1610 Rock Rd.	Address:	
	Naples, FL 34120		

Name and Title:_		Name and Title:			
Address					
Name and Title:_ Address		Name and Title:			
ARTICLE VI The name and Flo	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT a Colleen Collins-Engel	cceptable) of the registered agent is:	SE TAL	17	
Name:	1610 Rock Rd.		CRE I LAHA	FEB	, majors
Address:	Naples, FL 34120		SSEE	17 6	FILED
ARTICLE VII The name and ad	INCORPORATOR dress of the Incorporator is: Colleen Collins-Engel		ECRETARY OF STATE LLAHASSEE, FLORIDA	AM 9: 56	\
Name: Address:	1610 Rock Rd.				
Addiess.	Naples, FL 34120				
	ned as registered agent to accept serv amiliar with and accept the appointmen			design	ated in this
Colleen D Collins-Engel			02/08/2017		
	Required Signature of Registe	red Agent	Date		_
	ment and affirm that the facts stated h t of State constitutes a third degree felo		false information submit	ed in e	a document
Colleen D Collins-Engel			02/08/2017		
_	Required Signature of In	corporator	Date		

Purpose and Dissolution Clause as required by IRS:

Purpose Clause:

"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.

Dissolution Clause:

"Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."