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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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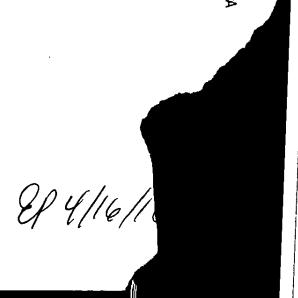
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COVER LETTER

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

SUBJECT:	(PROPOSED CORPOR	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	Holly Whal	(Printed or typed)	
	285 Austin	Address	
_	West Pal	M Beach State & Zip	, F1. 3340°
	•	•	

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

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME
ARTICLE I NAME The name of the corporation shall be: ARTICLE I PRINCIPAL OFFICE The principal street address and resilies address is a life or a single street address and resilies address is a life or a li
Equine Awakenings, Inc.
5,
ARTICLE II PRINCIPAL OFFICE
The principal street address and mailing address, it different is:
285 Austin Lane, West Palm Beach, F1.33401
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Psychotherapy / Equine Facilitated psychotherapy
ARTICLE IV SHARES
The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
Hollywhall, Director, LCSW 285 Austin Lane, WPB, Fl. 33401
The name and Florida street address (P.O. Poy NOT acceptable) of the registered exert is:
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
Holly whall
285 Austin Lane, West Palm Beach, F1.33401
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Holly whall 285 Austin Lane
WNB, F1. 33401
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
Hell Will 4/12/2010
Signature/Registered Agent Date
1/12/2010
Signature/Incorporator Date