

NO 00000004668
TRANSMITTAL LETTER

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

100003319441--5-
-07/11/00--01041--002
*****78.75 *****78.75

SUBJECT: Horse Haven Therapeutic Riding Stables, 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

FILED
00 JUL 11 PM 2:14
TALLAHASSEE, FL
STATE

Horse Haven Therapeutic Riding Stables, Inc.
FROM: yo Jacqueline Copeland
Name (Printed or typed)

P O Box 191
Address

Wellborn FLA 32094 0191
City, State & Zip

904.755.7725
Daytime Telephone number

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

Handwritten signature/initials

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

Horse Haven Therapeutic Riding Stables, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3524 158th St mailing PO Box 191
Wellborn FL 32094 Wellborn FL 32094

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

To establish a therapeutic riding program which will directly benefit clients with physical, mental, cognitive, social or behavioral disabilities.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

The director is the owner - She has a clear background check on file. Each person who is or will be elected will undergo a criminal background check. all persons on the grounds will be an employee of a facility for the disadvantaged they have background checks on file with their employers.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Jacqueline Kimberly Copeland
1153 Summers Rd. Apt 26D
Lake City, Florida 32025

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Jacqueline Kimberly Copeland
Rt 18 Box 283
Lake City, FL 32025

(mailing)
Jacqueline K. Copeland
Signature/Incorporator

13 June 00
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jacqueline K. Copeland
Signature/Registered Agent

13 June 00
Date