

No30000000927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

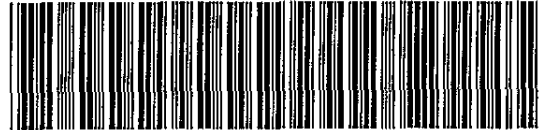
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300010401193

01/28/03--01008--006 **87.50

03 JAN 27 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

162

LAW OFFICES
Michael J. Freeman, P. A.
153 Sevilla Avenue
Coral Gables, Florida 33134

Reply to: P.O. Box 140668
Coral Gables, FL 33114-0668

Tel: 305- 442-1567
Fax: 305- 442-1227

January 21, 2003

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

Re: EQUINE SPORTS THERAPY CENTER, INC.
A Not-For Profit Corporation

Gentlemen:

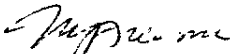
Enclosed for filing please find the following:

1. Transmittal Letter;
2. Articles of Incorporation (Florida Not for Profit) (original & 1 copy)
3. My client's check #7826 in the amount of \$87.50 payable to the Florida Department of State representing the filing fee, certified copy and certificate.

If you have any questions, please do not hesitate to contact me.

Thank you.

Very truly yours,


MICHAEL J. FREEMAN

MJF:lc

ARTICLES OF INCORPORATION

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

FILED

03 JAN 27 PM 4:1

**SECRETARY OF STA
TALLAHASSEE, FLOR**

ARTICLE I **NAME**

The name of the corporation shall be: EQUINE SPORTS THERAPY CENTER,
INC.

ARTICLE II **PRINCIPAL OFFICE**

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

10517 Acme Road
Wellington, Florida 33414

ARTICLE III **PURPOSE**

The specific purpose for which the corporation is organized is: to assist all special
needs people in the community. To assist children and adults in building a strong
foundation for physical and mental confidence through the use of equine therapy.

ARTICLE IV **MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is by majority vote of
membership.

ARTICLE V **INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida Street address of the initial registered agent is:

Jeannine A. Begon
10517 Acme Road
West Palm Beach, Florida 33414

FILED

03 JAN 27 PM 4:46

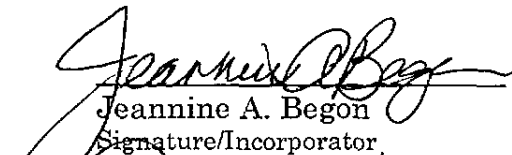
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI
INCORPORATORS

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

Jeannine A. Begon
10517 Acme Road
West Palm Beach, Florida 33414

Andrea Katzman
274 Laurel Oaks Way
Jupiter, Florida 33458


Jeannine A. Begon
Signature/Incorporator

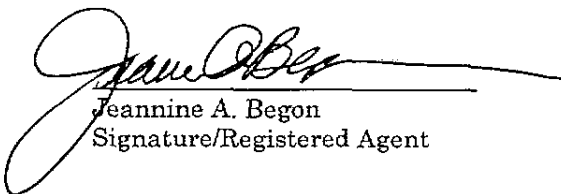
1/16/03
Date


Andrea Katzman
Signature/Incorporator

1/16/03
Date

ACCEPTANCE

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.


Jeannine A. Begon
Signature/Registered Agent

Date: 1/16/03