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SECRETAGY OF STATE SECRETAGY OF STATE

APPROVED PILED

COVER LETTER

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

SUBJECT: HOWAR	S HERMPEU (PROPOSED CORPORATI	TIL REDING	SERVICE, In
Enclosed is an original a \$70.00 Filing Fee	nd one(1) copy of the Articl 78.75 Filing Fee & Certificate of Status	es of Incorporation and a \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate
FROM:	HUEY L, Name (Prin	HOWARD nted or typed)	
	504 BREEZEWO Ad IMMOKALEE City, St	urcss	- -

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for profit)

ARTICLE I NAME

The name of the corporation shall be: HOWARD'S THERAPEUTIC RIDING SERVICE, INC

ARTICLE II PRINCIPAL OFFICE

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

504 Breezewood Dr Immokalee, FL 34142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including for such purposes, the making of distributions to organization that qualify as exempt organizations under section 501(C)(3) of the Internal Revenue Services Code, or corresponding section of any future federal tax code.

No part of the net earnings of the organization shall inure to the benefit of, or be distributed to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purpose set forth in the purpose clause hereof:

No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be on (a) by organization shall exempt from federal income tax section 501(C) (3) of the Internal Revenue Code, corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c) (2) of the internal Revenue Code, or corresponding section of any future federal tax code.

Upon the dissolution of the organization, assets shall be distributed 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, or shall be distributed to the federal government, or to state or local government, for public purpose.

Any such assets not disposed of shall be disposed of by the Court of Commons Pleas of the county in which the principal office of the organization is located, exclusively for

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



such purposes of to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors and Officers are appointed for two year terms and can be reappointed.

ARTICLE V INTIAL DIRECTORS AND OR OFFICERS

List name(s); address (es) and specific title(s)

PD VP TRES
HUEY L. HOWARD CARRIE BAMBERGER
504 BREEZEWOOD DR 2083 SAN MARCO RD 648 92nd AVE N
IMMOKALEE , FLA 34142 MARCO ISLAND , FL 34145 NAPLES ,FL 34108

ARTICLE VI INTIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O.Box Not Acceptable) of the registered agent is:

HUEY HOWARD 504 BREEZEWOOD DR IMMOKALEE, FL 34142

ARICLE VII INCORPORATOR

The <u>name and address</u> of Incorporator is:

HUEY HOWARD 504 BREEZEWOOD DR IMMOKALEE, FL 34142

Having been named as registered agent to accept service of process for the above sated 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.

Signature/Registered Agent

Signature/Incorporator

Data

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Date