N07000007320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Liberty's Gait Therapeutic Riding Center, 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

FROM: Cindy M. Brennan
Name (Printed or typed)

515 Pool Branch Rd.
Address

Fort Meade, FL 33841
City, State & Zip

863-559-8098
Daytime Telephone number

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:

Liberty's Gait Therapeutic Riding Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

515 Pool Branch Rd.
Fort Meade, FL 33841

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide access to therapeutic horseback riding to children with disabilities to improve their quality of life, both physically + emotionally.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: Directors will be appointed as stated in the by-laws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Cindy M. Brennan - Founder/Executive Director
Floyd H. Brennan, Jr - Officer
Floyd H. Brennan, III - Officer

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Cindy M. Brennan
515 Pool Branch Rd. Ft. Meade, FL 33841

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is: Cindy M. Brennan
515 Pool Branch Rd.
Fort Meade, FL 33841

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TALLAHASSEE, FLORIDA

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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.

Cindy M. Brennan — Signature/Registered Agent — July 20, 2007 — Date

Cindy M. Brennan — Signature/Incorporator — July 20, 2007 — Date