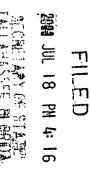
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•	
(1	Requestor's Name)
. (	Address)
(,	Address)
(1	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	]
	Office Use Only



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07/18/08--01041--014 \*\*87.50



T. Burch JUL 12 2008

## **COVER LETTER**

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

SUBJECT: Special Needs Ride With Ease, 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

**🖾** \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Judith G Quenn

Name (Printed or typed)

2175 Beacon Dr

Port Charlotte Fl. 33

City, State & Zip

941 625 8780

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:	Ine_
The name of the corporation shall be:  Special Needs Ride With Ease	
ARTICLE II PRINCIPAL OFFICE	
The principal street address and mailing address, if different is:	
2175 Beacon Ur	₩ <del>0</del>
Port Charlotte Fl. 33952	P D
The purpose for which the corporation is organized is:	
Therapetic Riding for people with	07
Physical & mental disabilities-	
ARTICLE IV MANNER OF ELECTION	
The manner in which the directors are elected or appointed: CEO OF Speccal Needs Ride With lease.	The.
CEU V. Speical Meeds Hide WAIT RESE.	Ad was browners
Well pick/appoint directors, After that  ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS  List, name(s), address(es) and specific title(s):	add ons fremove
Lynu Ich be done ber UDte-	
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS	Sir/
List name(s), address(es) and specific title(s): Judith G. Quinn Czo. Pres Michelle Snowney	VP Dellie Pome roy Tros
Malle 6. June (20, 1205) Where he ordaring	12 Ca D 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2175 Beacon Dr 127 Peckham St : PortCharlotte F1 33957 Port Charlotte F1	Sw. 1230 Ned Cak Like
portcharlone of 33 02 port Charlotte of	12.
	33952
ADMIGI B III - INWIAT BROTOGRADAD AGRAM AND CORRES ADDRESS	·
The <u>name and Florida street address</u> (P.O. Box <b>NOT</b> acceptable) of the regi	
1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	stered agent is.
Judith G. Quinn 2175 Beacon D	
2175 Decement 1	
Port Charlotte Fl. 33952	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
Ledith G. Quinn	
2175 Beacon Dr Port Charlotte Fl 3395Z	
**************************************	******
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	
(1.02)	/ /
(feel (feel)	7/15/08
Signature/Registered Agent	Date
()	7/15/08 Date
Huder V Villan	7/15/08
Signature/Incorporator	Date