

N1080000007062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

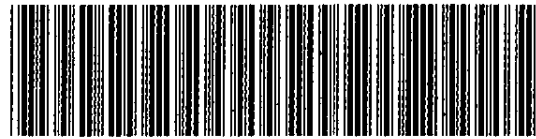
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100133127971

07/21/08--01025--012 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUL 28 PM 12:31

APPROVED  
AND  
FILED

W08-34293

B. McKnight JUL 28 2008

## COVER LETTER

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

**SUBJECT:** PARAGON THERAPEUDIC 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:** NONGAE S. JOHNSON

Name (Printed or typed)

14052 52ND. AVE. SOUTH

Address

DELRAY BEACH, FL. 33484

City, State & Zip

561 665 0083

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2008

NONGAE S JOHNSON  
14052 52ND AVE SOUTH  
DELRAY BEACH, FL 33484

SUBJECT: PARAGON THERAPEUDIC RIDING CENTER INC.  
Ref. Number: W08000034293

We have received your document for PARAGON THERAPEUDIC RIDING CENTER INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles III and IV are not complete. Please complete both articles before resending.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Regulatory Specialist II  
New Filing Section

Letter Number: 908A00042349

# **ARTICLES OF INCORPORATION**

In Compliance with Chapter 617, F.S., (Not for Profit)

## **ARTICLE I NAME**

The name of the corporation shall be:

PARAGON THERAPEUDIC RIDING CENTER INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal street address & mailing address is:

14052 52<sup>ND</sup>. Ave. South

Delray Beach, Fl. 33484

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is exclusively for charitable purposes.

Within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as now enacted or hereafter amended, including, for such purposes, the making of distributions to organizations that also qualify as Section 501(c)(3) exempt organizations. To this end, the corporation shall [. . . here is where one enumerates specific purposes and activities.!!]

[All funds, whether income or principal, and whether acquired by gift or contribution or otherwise, shall be devoted to said purposes.

## **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed. Shall have no voting members. The management and affairs of the corporation shall be at all times under the direction of a Board of Directors, whose operations in governing the corporation shall be defined by statute and by the corporation's by-laws. No Director shall have any right, title, or interest in or to any property of the corporation

## **ARTICLE V INITIAL DIRECTORS & OR OFFICERS**

Nongae s. Johnson

14052 52<sup>ND</sup>. Ave. S.

Delray Beach, Fl. 33484

## **ARTICLE VI INITIAL REGISTERED AGENT & STREET ADDRESS**

Nongae s. Johnson

14052 52<sup>ND</sup>. Ave. S.

Delray Beach, Fl. 33484

## **ARTICLE VII**

The name & address of the incorporator is

Nongae s. Johnson

14052 52<sup>ND</sup>. Ave. S.

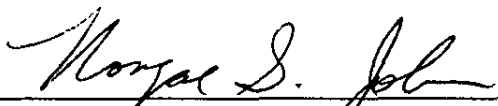
Delray Beach, Fl. 33484

APPROVED  
AND  
FILED  
08 JUL 28 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s) certify(ies) both that she/he/they execute(s) these Articles for the purposes herein stated, and that by such execution, she/he/they affirm(s) the understanding that should any of the information in these Articles be intentionally or knowingly misstated, she/he/they is/are subject to the criminal penalties for perjury set forth in Florida Statutes 617 as if this document had been executed under oath.

.....

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 & accept the appointment as registered agent & agree to act in this capacity.

  
Signature Registered Agent

7/25/08  
Date

  
Signature/Incorporator

APPROVED  
AND  
FILED

08 JUL 28 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA