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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 17 2009
D. A. WHITE

COVER LETTER

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

SUBJECT: Northeast Florida H.O.R.S.E. Therapies, 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: Mallory Gayle Holm, P.A.
Name (Printed or typed)

4315 Pablo Oaks Ct
Address

Jacksonville, FL 32224
City, State & Zip

904.482.1144
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)

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ARTICLE I NAME

The name of the corporation shall be:

Northeast Florida H.O.R.S.E. Therapies, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1650 Margaret Street, Suite 302, #146, Jacksonville, FL 32224

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To exist and operate solely for educational, scientific, charitable, and religious purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), and no part of the income or assets of the Corporation shall be, during its existence or upon dissolution, distributed to or used for other than educational, scientific, charitable, or religious purposes as defined in the Code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are elected in the manner provided in the Corporation's bylaws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

The initial directors and officers are set forth on Schedule A attached hereto and incorporated herein.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mallory Gayle Holm, P.A., 4315 Pablo Oaks Ct, Jacksonville, FL 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mallory Gayle Holm, 4315 Pablo Oaks Ct, Jacksonville, FL 32224

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.

By: Mallory Gayle Holm, President
Signature/Registered Agent

3/12/09
Date

Mallory Gayle Holm
Signature/Incorporator

3/12/09
Date

Schedule A

Northeast Florida H.O.R.S.E. Therapies, Inc.

Initial Directors and Officers

<p>Position: Chairman of the Board Name: Betty J. Griner Home Address: 11701 Cisco Garden Road Jacksonville, Florida 32219 Office Address:</p> <p>Cell #: 904/742-2176 Office #: None Home #: 904/764-2324 Email: bettygriner@comcast.net</p>	<p>Position: Vice Chairman of the Board Name: Stephen Z. Holm Home Address: 121 Pocahontas Rd Florahome, Florida 32140 Office Address:</p> <p>Cell #: 904/710-1158 Office #: None Home #: 386/659-1623 Email: szholm@hughes.net</p>
<p>Position: Director, Secretary and Treasurer Name: Joanne Connell Home Address: 734 Wren Road Jacksonville, Florida 32216 Office Address:</p> <p>Cell #: 904/923-0003 Office #: 904/725-0179 Home #: 904/725-0179 Email: galengator@bellsouth.net</p>	<p>Position: Director Name: Liz Marco Home Address: 118 Plumton Ct Jacksonville, Florida 32259 Office Address:</p> <p>Cell #: 904/305-2541 Office #: Home #: 904/287-0892 Email: bonaccordfarm@yahoo.com</p>
<p>Position: Director Name: Olwen Busch Mailing Address: P.O. Box 380024 Jacksonville, Florida 32205 Office Address:</p> <p>Cell #: 904/655-3824 Office #: Home #: 904/388-4312 Email: buschclubs@bellsouth.net</p>	<p>Position: Director Name: Peggy Fuller, DVM Home Address: 3230 Loretto Road Jacksonville, Florida 32223 Office Address:</p> <p>Cell #: 904/302-3906 Office #: 904/292-4744 (ext. 11) Home #: 904/262-7943 Email: horsdoc1@comcast.net</p>
<p>Position: Director Name: Charlie Kelley Home Address: 790 Ellis Road Jacksonville, Florida 32210 Cell #: 904/710-7189 Home #: 904/786-0175 Email: N/A</p> <p>Position: Director Name: Rebecca Davenport Home Address: 1591 Big Branch Road Middleburg, Florida 32068 Cell #: 904/887-8451 Email: rdav2@yahoo.com Email: hopenotherapy@bellsouth.net</p>	

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