

No 900000 9715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

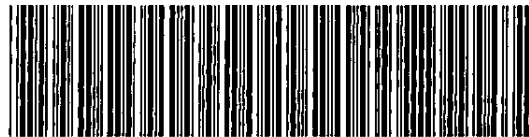
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2009 OCT -5 PM 3:03

gf 10/06/09

## COVER LETTER

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

SUBJECT: Healing Touch 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**

*01#1347*

FROM: Mary K. Kingslien  
Name (Printed or typed)

5300 Haywood Ruffin Road  
Address

St. Cloud, FL 34771  
City, State & Zip

407-496-3362  
Daytime Telephone number

marykingslien@yahoo.com  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
2009 OCT -5 PM 3:03

**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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SECRETARY OF STATE  
DIVISION OF CORPORATION

**ARTICLE I NAME**

The name of the corporation shall be:

Healing Touch Therapeutic Riding Center, Inc.

2009 OCT -5 PM 3: 03

**ARTICLE II PRINCIPAL OFFICE**

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

5300 Haywood Ruffin Road  
St. Cloud, FL 34771

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Said corporation is organized exclusively for charitable purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)3 of the Internal Revenue Code, or the corresponding section of any future federal tax code. This charitable, non-profit corporation will promote and support equine-assisted activities to children and adults with disabilities and/or special needs in a safe and productive equine rich environment so that each person may reach his/her full potential.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The directors are elected by a majority vote of the membership as stated in the Bylaws of the Corporation.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

Mary K. Kingslien - President  
Christine L. Davis - Vice President  
Marion Gunn - Secretary/Treasurer

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Mary K. Kingslien  
5300 Haywood Ruffin Rd.  
St. Cloud, FL 34771

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Mary K. Kingslien  
5300 Haywood Ruffin Rd.  
St. Cloud, FL 34771

\*\*\*\*\*  
*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.*

Mary K. Kingslien  
Signature/Registered Agent

10/01/2009

Date

Mary K. Kingslien  
Signature/Incorporator

10/01/2009

Date

ARTICLE VIII - DISSOLUTION

Upon the dissolution of the corporation, the Board of Directors shall, after paying and making provisions for the payment of all liabilities, distribute the remaining assets for one or more exempt purposes within the meaning of section 501(c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

.....  
*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.*

Mary R Kingstien  
Signature/Registered Agent

10-1-09  
Date

Mary R Kingstien  
Signature/Incorporator

10-1-09  
Date