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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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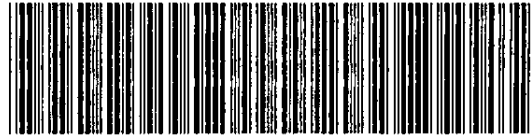
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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DIVISION OF CORPORATE AFFAIRS

cf 2/22/11

## COVER LETTER

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

SUBJECT: Suwannee County Riding Club, 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: Suwannee County Riding Club, Inc. - Misty Medlin  
Name (Printed or typed)

Post Office Box 1195

Address

Live Oak, Florida 32064

City, State & Zip

(386) 249-0805

Daytime Telephone number

suwanneecountyridingclub1@yahoo.com

E-mail address: (to be used for future annual report notification)

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RECEIVED  
DIVISION OF CORPORATIONS

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

ARTICLES OF INCORPORATION

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

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

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**ARTICLE I NAME**

The name of the corporation shall be: Suwannee County Riding Club, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address Mailing address, if different is:

Street Address: 1302 11<sup>th</sup> Street  
Live Oak, FL 32064

Mailing Address: P. O. Box 1195  
Live Oak, FL 32064

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To bond together those people with a common interest in the competition of western horsemanship and to inspire good character, good citizenship and good sportsmanship.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

As per By-Laws: General Membership nominates the members of the Board of Directors at the end of the year awards banquet meeting. The members nominated will then elect the Club Officers at their first meeting and those persons elected as Officers will hold office for a period of one year.

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

Name and Title: William Andrews, President  
Address: 1274 CR 249, Live Oak, FL 32060

Name and Title: Brittney Smith, Vice-President  
Address: 9094 169<sup>th</sup> Road, Live Oak, FL 32060

Name and Title: Misty Medlin, Secretary  
Address: 21131 180<sup>th</sup> Street, Live Oak, FL 32060

Name and Title: Florence Roper, Treasurer  
Address: 12772 162<sup>nd</sup> Terrace, McAlpin, FL 32062

**ARTICLE VI REGISTERED AGENT**

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

Name: Misty Medlin  
Address: 21131 180<sup>th</sup> Street, Live Oak, FL 32060

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Misty Medlin  
Address: 21131 180<sup>th</sup> Street, Live Oak, FL 32060

### **ARTICLE VIII- DISSOLUTION**

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501©(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.

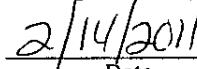
### **ARTICLE X- BY LAWS**

The power to adopt, alter, amend or repeal the Bylaws of this corporation shall be vested in the Board of Directors. New Bylaws may be adopted, altered, amended, or repealed by a vote by the Board of Directors. The Bylaws may contain any provisions for the regulation and the management of affairs of this corporation not inconsistent with law or these Articles of Incorporation.

*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.*

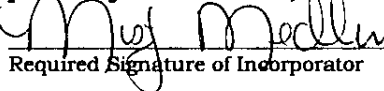


Required Signature of Registered Agent

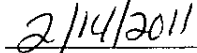


Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature of Incorporator



Date

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