

N11000003686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

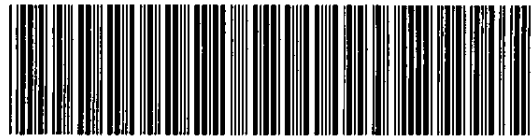
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800200345698

04/11/11--01050--010 \*\*78.75

FILED  
11 APR 11 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
4/12

COVER LETTER

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

SUBJECT: Horse Heaven Rescue 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: Horse Heaven Rescue Inc.  
Name (Printed or typed)

14520 Orange Ave  
Address

FT. Pierce Florida 34945  
City, State & Zip

1-772-467-0400  
Daytime Telephone number

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

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Horse Heaven Rescue Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
14520 Orange Ave  
Ft. Pierce Florida  
34945

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For rescuing Abused + neglected Horses and all  
Agricultural Animals

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

According to By-Laws

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

Name and Title: Christian J. DiDonato  
Address: 701 SW Amber Terr  
Port St Lucie FL 34945  
\* president

Name and Title: Karen DiDonato  
Address: 14520 Orange Ave  
Ft. Pierce, FL 34945  
\* Vice president / Ties.

Name and Title: Alfred Colaiizzi  
Address: 14520 Orange Ave  
Ft. Pierce FL 34945  
\* 2nd Vice President

Name and Title: Susan LaMore Sec.  
Address: 519 SW Hawatha St.  
Port St. Lucie, FL 34945  
\* Secretary

Name and Title: Rhonda Kofar  
Address: 201 Jeffery Lane  
Ft. Pierce FL 34982  
\* public Relations

Name and Title: Angelo Lopez  
Address: PO. Box 358  
Sebastian, FL 32958  
\* Business Advisor

**ARTICLE VI REGISTERED AGENT**

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

Name: Alfred Colaiizzi  
Address: 14520 Orange Ave  
Ft. Pierce, FL 34945

↓ Theresa Owen  
27925 N.E 65th Terr.  
Okeechobee, FL 34972  
\* 2nd Treasurer

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Theresa Owen  
Address: 27925 NE 65th Terr  
Okeechobee, FL 34972

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

Alfred Colaiizzi

Required Signature of Registered Agent

4/7/11  
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.

Theresa Owen

Required Signature of Incorporator

4/7/11  
Date