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COVER LETTER

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

	(**************************************	<u></u>	<u> </u>		
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 CO	OPY REQUIRED		
FROM: Christi Hubbard Name (Printed or typed)					
628 Chatas Ct					
Lake Mary FL 32746					
Daytime Telephone number					
Christi hubbard Chotmail. Com					

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

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

	TICLES OF INCORPORA pliance with Chapter 617, F.S., (Not	TION Left Profit 0 229515
ARTICLE I NAME The name of the corporation shall be: Animal	1 Resur + Vetera	i for Profit) IN#32-0337515 In Support Services, Corp
Principal Street ad O 28 Cha-la	ldress	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organic Provide animal resure Equine Therapy pro	zed is: - + a service for ovided to Militar	veterans with PTSD.
	<u>N</u> The manner in which the directo ないら	ors are elected and appointed:
Name and Title: Christi Hub Address: 628 Chatas	Name and Titl	10: Nicholas Deluga -T 556 Belvidere Ave Plainfield NJ 07062
Name and Title: Ton Carnac Address: 5654 N Ri #2-5 Chi Lago, II	ho - S Name and Tit	le: Victor Duinn - V 556 Belvidere Aue Plainfield NJ 07067
Name and Title: Matthew M. Address: Lake Mary	Name and Tit Address: 32746	le: Mark Myers - D 628 Chatas (+ Lake Mary FL 32746
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box Name: Address: Address: Lake Mar	ubbard tas ct	SECRETARY FILE TALLAHASSEE
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address:	Hubbard ras Ct ry FL 19 32741	PH 4: 52 PLORIDA
Having been named as registered agent to acce- certificate, I am familiar with and accept the appo	ept service of process for the above ointment as registered agent and agr	e stated corporation at the place designated in this ree to act in this capacity
Christ Hun Required Signature of	Way Registered Agent	4-16-11 Date
I submit this document and affirm that the facts to the Department of State constitutes a third degited that the facts of the Department of State constitutes a third degited that the facts of the Department of State Constitutes as the facts of the Department of State Constitutes as the facts of the Department of State Constitutes as the facts of the Department of State Constitutes as the facts of the Department of State Constitutes as the facts of the Department of State Constitutes as the facts of the Department of State Constitutes as the Department of Sta	stated herein are true. I am aware t ree felony as provided for in s.817.15 land	that any false information submitted in a document 55, F.S. $\frac{4-16-11}{\text{Datc}}$
Required Signatu	are of Incorporator	Date