N11000009755

(Requestor's Name)		
(Address)		
(Address)		
,		
(City/State/Zip/Phone #)		
(Sity/State/Zip/Filone #)		
PICK-UP WAIT MAIL		
·		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
[
Special Instructions to Filing Officer:		

Office Use Only



200213162922

10/14/11--01011--012 **78.75

2011 OCT 14 AM 10: 59
SECRETARY OF STATE
TALLAHASSEE, FI TATE

J. EHWers OCT 17 2011



José S. Ramos, M.B.A., P.A. Vice President & C.F.O.

October 10, 2011

Secretary of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

RE: FAMILY HORSE RANCH & RESCUE, CORP.

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$78.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee For Registered Agent Designation for the above named corporation.

Truly Yours,

Minerva F. Ramos Public Notary



ARTICLES OF INCORPORATION In Compliance with Chapter 617, F.S., (Not for Profit)

OF

FAMILY HORSE RANCH & RESCUE, CORP.

The undersigned acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE 1 - CORPORATE NAME

The name of the corporation shall be:

FAMILY HORSE RANCH & RESCUE, CORP.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

FAMILY HORSE RANCH & RESCUE, CORP. 305 Silver Glen Ave. St. Augustine, Fl. 32092

ARTICLE IV - PURPOSE (S)

The specific purpose (s) for which the corporation is organized is (are):

Our mission is at Family Horse Ranch & Rescue to create a safe haven for horses to be safely rehabilitated during their time of need. Our goal is to train horses to help people with disabilities so that they can live cohesively together through horsemanship, education and pure compassion.

ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the Initial Registered Agent of this Corporation:

NAME:

Jose S. Ramos

ADDRESS: 2344 Crestover Lane

CITY:

Wesley Chapel, FL

33544

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Five (5) Directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and address of the initial director(s) of the corporation are as follows:

NAME:

Lisa S. Kirkman - President & Director

ADDRESS:

305 Silver Glen Ave.

CITY:`

St. Augustine,

Fl

32092

NAME:

Minerva F. Ramos - Vice-President

ADDRESS:

17905 Cachet Isle

CITY:

Tampa, FL

33647

NAME:

Matthew P. Griggs - Vice President

ADDRESS:

305 Silver Glen Ave.

St. Augustine, FL

32092

CITY:

Richard L. Kirkman - Treasurer

NAME: ADDRESS:

305 Silver Glen Ave.

CITY:

St. Augustine, FL

32094

NAME:

Jana Lyn Jully - Secretary

ADDRESS:

305 Silver Glen Ave.

CITY:

St. Augustine,

Fl

32092

NAME:

ADDRESS:

CITY:

ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME:

Jose S. Ramos

ADDRESS: 2344 Crestover Ln

CITY:

Wesley Chapel, FL

33544

NAME:

ADDRESS:

CITY:

NAME:

ADDRESS:

CITY:

NAME:

ADDRESS:

CITY:

ARTICLE VIII - LIMITATION OF CORPORATION POWER

The corporate powers of this corporation are as provided in Section 617.0302, Florida Statutes, unless limited as follows:

On the By-Laws.

ARTICLE IX - DISSOLUTION OF THE CORPORATION

Dissolution provision: Upon the dissolution of the organization, 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.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 10th day of October, 2011.

Signature(s) of the Incorporator(s)

Jose S. Ramos

STATE OF FLORIDA COUNTY OF PASCO

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared JOSE S. RAMOS, who acknowledged, and executed before me these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and

County aforesaid, this 10th day of October, 201

Notary Public, State of Florida)

My Commission expires



CERTIFICATE OF DESIGNATION

REGISTERED AGENT/ REGISTERED OFFICE

OF

FAMILY HORSE RANCH	& RESCUE,	CORP.
--------------------	-----------	-------

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statements in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporations is: FAMILY HORSE RANCH & RESCUE, CORP.
- 2. The name and address of the registered agent and office is:

Jose S. Ramos 2344 Crestover Lane Bldg. #7 Wesley Chapel, Fl. 33544

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and Agree to act in this capacity. I further Agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as Registered Agent.

Jose S. Ramos
October 10, 2011
Date:

ACKNOWLEDGMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(Registered Agent)

2011 OCT 14 AM ID: 59
SECRETARY OF STATE
TALLAHASSEF FISTATE