

W14000002587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

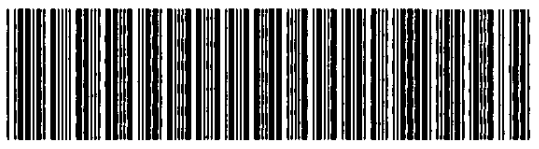
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 14 PM 3:12

**COVER LETTER**

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

**SUBJECT:** Escambia County Equestrian 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Lymaris Marquez  
Name (Printed or typed)

6961 Angus Ln  
Address

Molino, FL, 32577  
City, State & Zip

360 689 9348  
Daytime Telephone number

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

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Escambia County Equestrian Club, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
6961 Angus Ln, Molino, FL, 32577

Mailing address, if different is:  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To promote the equestrian sport in a manner which allows an integration of most disciplines, regardless of race, sex, age or economic status. To allow horse and non-horse owners alike to participate in the sport. To provide education to the population about equine welfare in general, through clinics, seminars, classes and outreach activities. To address the gaps in the community that limit participation so that the future of the sport is sustainable.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Through a general election of all board members.

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

Name and Title: Lymaris Marquez, President

Address: 6961 Angus Ln, Molino, FL, 32577

Name and Title: Anita Saucer, Treasurer

Address: 225 Petty Dr.  
Cantonment FL  
32533

Name and Title: Haven Hinson, Vice President

Address: 7308 Mobile Hwy.  
Pensacola FL 32577

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Donna Tipton, Secretary

Address: 8485 Sunset View Ln  
Molino FL 32577

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
14 MAR 14 PM 3:12

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Donna Tipton  
Address: 8485 Sunset View Ln.  
Molino FL 32577

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lymaris Marquez  
Address: 6961 Angus Ln.  
Molino FL 32577

*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*

Donna Tipton  
Required Signature of Registered Agent

1/25/2014  
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.*

[Signature]  
Required Signature of Incorporator

1/25/2014  
Date

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