

N14000003105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

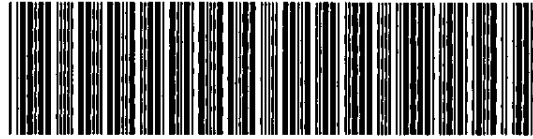
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WA-6212

## COVER LETTER

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

SUBJECT: **TL'S TRIPLE R RANCH, 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: **ESTHER M LONG**  
Name (Printed or typed)

**6010 LOGGER CREEK RD**  
Address

**DE LEON SPRINGS FL 32130**  
City, State & Zip

**386.985.3130**  
Daytime Telephone number

**esther32130@yahoo.com**  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 MAR 28 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 30, 2014

ESTHER M LONG  
6010 LOGGER CREEK RD  
DE LEON SPRINGS, FL 32130

SUBJECT: TL'S TRIPLE R RANCH, INC  
Ref. Number: W14000006212

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 414A00002074

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 414A00002074

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

**ARTICLE I    NAME**

The name of the corporation shall be: TL's Triple R Ranch, Inc

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
6010 Logger Creek Rd

De Leon Springs FL 32130

Mailing address, if different is:  
PO Box 998

De Leon Springs FL 32130

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To provide returning veterans, that have physical and psychological issues, with a place to stay in an environment conducive to improvement of health, attitude and study with a regionally accredited college, all directed toward re-establishing career goals and a safe return to the community.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

Appointed by the President

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

Name and Title: Esther M Long President

Address 6010 Logger Creek Rd  
De Leon Springs FL  
32130

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

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

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

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

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

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

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

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

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

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

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14 MAR 28 AM 6:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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

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: Esther M Long

Address: 6010 Logger Creek Rd  
DeLeon Springs FL 32130

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Esther M Long

Address: 6010 Logger Creek Rd  
DeLeon Springs FL 32130

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TALLAHASSEE FLORIDA

*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

14 January 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.*

  
Required Signature of Incorporator

14 January 2014  
Date