

N14000008003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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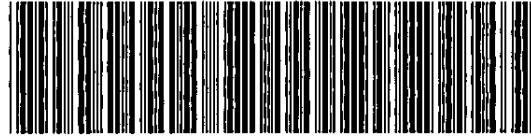
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

✓ 08/28/14

COVER LETTER

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

SUBJECT: Next Phase Thoroughbred Sanctuary 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: Eric Reller
Name (Printed or typed)

10091 NW HWY 320
Address

Micanopy, FL 32667
City, State & Zip

352-572-0959
Daytime Telephone number

sprhill8888@gmail.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: Next Phase Thoroughbred Sanctuary Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
10091 NW HWY 320

Micanopy, FL 32667

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Next Phase Thoroughbred Sanctuary Inc.,
organized to provide care and retraining for Thoroughbred horses that
cannot begin or continue racing, is organized exclusively for charitable
purposes under section 501(c)(3) of the Internal Revenue Code,
or corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as described in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eric Reller President

Address: 10091 NW HWY 320
Micanopy, FL 32667

Name and Title: Michelle Reller VP

Address: 10091 NW HWY 320
Micanopy, FL 32667

Name and Title: Darlene Vocataro VP

Address: 10091 NW HWY 320
Micanopy, FL 32667

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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:

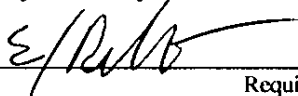
Name: Eric Reller
Address: 10091 NW HWY 320
Micanopy, FL 32667

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eric Reller
Address: 10091 NW HWY 320
Micanopy, FL 32667

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

8/23/2014
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

8/23/2014
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA