

N14 000011224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

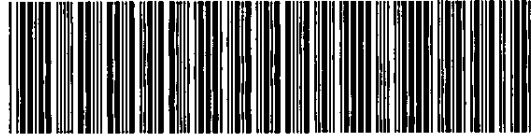
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
14 DEC -8 PM 1:24

*cc
12/10/14*

COVER LETTER

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

SUBJECT: American Miniature Therapy Horse Association, 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: Bruce Bohannon
Name (Printed or typed)

2121 S. Mohican Tr.
Address

Inverness, FL 34450
City, State & Zip

(352)726-7375
Daytime Telephone number

brewsterboy1@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: American Miniature Therapy Horse Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2121 S. Mohican Tr.
Inverness, FL 34450

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To form a non-profit association/business league of like-minded members to promote the advancement of miniature horses as suitable and capable therapy animals for Animal Assisted Therapy (AAT) and Animal Assisted Activities (AAA), as well as their ability to work as Service Animals. To set standards of operation and behaviors required for therapy horses and handlers certification. To advocate for miniature horses as therapy/service animals at the local, state and federal levels.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors

are elected by consensus of interested parties.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin Alameda, President
Address: 35 Fox St.
Browns Mills, NJ08015

Name and Title: _____

Address: _____

Name and Title: April Allen, Vice President
Address: 195 Three C Road
Jesup, GA 31545

Name and Title: _____

Address: _____

Name and Title: Judy Rennywon, Treasurer
Address: 16703 N. Merrimac Rd.
Culpeper, VA 22701

Name and Title: _____

Address: _____

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DIVISION OF CORPORATIONS
14 DEC - 8 PM 1:34

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: Bruce Bohannon

Address: 2121 S. Mohican Tr.

Inverness, FL 34450

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bruce Bohannon

Address: 2121 S. Mohican Tr.

Inverness, FL 34450

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

Bruce Bohannon

Required Signature of Registered Agent

11/25/14

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.

Bruce Bohannon

Required Signature of Incorporator

11/25/14

Date