## N15000000466

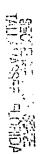
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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15 JAN 16 AM 10: 24

RECEIVED

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NORTH OF COMPANY



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## GOVER LETTER.

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

SUBJECT: YARPL, LLC

(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: Beverly Lynn Stoien Hansen
Name (Printed or typed)

1536 Colonial Drive

Address

Tallahassee, FL 32303

City, State & Zip

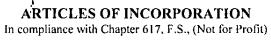
850-300-2401

Daytime Telephone number

arted1@yahoo.com

E-mail address: (to be used for future annual report notification)

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





YARPL, INC

15 JAN 15 AM

ARTICLE II	PRINCIPAL OFFICE	
1536	Principal <u>street</u> address: 6 Colonial Drive Jelohaa	Mailing address, if different is:  Mailing address, if different is:
ARTICLE III	PURPOSE To	rescue miniature horses and train them to work with handicapped
		ay in contact with their dogs when first admitted to senior
Center, nursi	ng nome, or assisted living to alde in t	he transition and reduce the trauma on senior, pet/s, and family.
ARTICLE IV	MANNER OF ELECTION The m	anner in which the directors are elected and appointed:
Acco	ideng to the By	Laws
ARTICLE V	INITIAL OFFICERS AND/OR DE	RECTORS  O · -A-
Name and Title	Beverly Lynn Stoien Hansen	Name and Title:
Address	1536 Colonial Drive	Address:
, rudi ess	Tallahassee, FL 32303	
		·
Name and Title	:	Name and Title:
Address		Address:
Name and Title	;	Name and Title:
Address		Address:



Name and Title:_		Name and Title:	15 14	· ~		
Address		Address:	15 JAH 15	AH 10: 24		
_		. <del>_</del>	Entry Agent	- 3-2- <b>3-2</b>		
_		·	Mark to the transfer	TOTOA		
Name and Title:_		Name and Title:				
_		<del>.</del>	1 10 10 10 10			
_		. <u> </u>				
ARTICLE VI The name and Flo	REGISTERED AGENT  rida street address (P.O. Box NOT acce	ptable) of the register	red agent is:			
Name:	Beverly Lynn Stoien Ha		C			
Address:	1536 Colonial Drive					
	Tallahassee, FL 32303	3				
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:						
Name:	Beverly Lynn Stoien Ha	ınsen				
Address:	1536 Colonial Drive					
. 10 41 603.	Tallahassee, FL 32303	3				
	ed as registered agent to accept service miliar with and accept the appointment a			esignated in this		
Bound	I String House	,	1/16/	15		
	Required Signature of Registered	Agent	Date	<del></del>		
I submit this docu to the Department	ment and affirm that the facts stated here of State constitutes a third degree felony	in are true. I am aw as provided for in s.	vare that any false information submitte 817.155, F.S.	ed in a document		
Such to the de						
www.	Required Signature of Incor	porator	Date			

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