

N/500000/634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

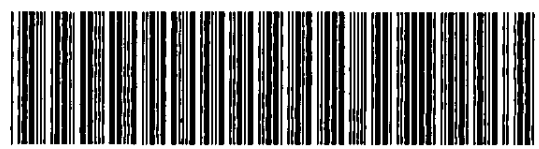
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 17 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Pine Ridge Equestrian 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: Gail Pridgen

Name (Printed or typed)

5179 W Bonanza Dr

Address

Beverly Hills FL 34465

City, State & Zip

352-249-7190

Daytime Telephone number

gpridgen@tampabay.rr.com

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

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



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PINE RIDGE EQUESTRIAN ASSN
~~3304 N STIRRUP DR~~ 5179 W BONANZA DR
 BEVERLY HILLS FL 34465

Date of this notice: 04-04-2011

Employer Identification Number:
80-0699601

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 80-0699601. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for formal recognition of tax-exempt status, most organizations will need to complete either Form 1023, Application for Recognition Under Section 501(c)(3) of the Internal Revenue Code, or Form 1024, Application for Recognition of Exemption Under Section 501(a). Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service
 PO Box 12192
 Covington, KY 41012-0192

The Pension Protection Act of 2006 contains numerous changes to the tax law provisions affecting tax-exempt organizations, including an annual electronic notification requirement (Form 990-N) for organizations not required to file an annual information return (Form 990 or Form 990-EZ). Additionally, if you are required to file an annual information return, you may be required to file it electronically. Please refer to the Charities & Non-Profits page at www.irs.gov for the most current information on your filing requirements.

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

ARTICLE I NAME

The name of the corporation shall be: Pine Ridge Equestrian Association Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5179 W Bonanza Drive

Beverly Hills Fl 34465

Mailing address, if different is:

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TALLAHASSEE
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To foster and promote a common
interest in horsemanship. To encourage interactive communication
through charitable and educational opportunities.

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

Elections are held annually by a simple majority vote of the membership. Appointments are by a quorum of officers/directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Gail Pridgen president</u>	Name and Title:	<u>Shannon McInerney secretary</u>
Address	<u>5179 W Bonanza Dr</u> <u>Beverly Hills, Fl 34465</u>	Address:	<u>4637 N Buffalo Dr</u> <u>Beverly Hills Fl 34465</u>
Name and Title:	<u>Christine Mazzola vice president</u>	Name and Title:	<u>Sue Peterson associate officer</u>
Address	<u>5097 N Lupine Terrace</u> <u>Beverly Hills Fl 34465</u>	Address:	<u>3746 N Yacht Terrace</u> <u>Beverly Hills Fl 34465</u>
Name and Title:	<u>Brenda Roberts treasurer</u>	Name and Title:	_____
Address	<u>4376 N Deckwood Dr</u> <u>Beverly Hills Fl 34465</u>	Address:	_____

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: Gail Pridgen
Address: 5179 W Bonanza Dr
Beverly Hills Fl 34465

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gail Pridgen
Address: 5179 W Bonanza Dr
Beverly Hills Fl 34465

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

Gail Pridgen
Required Signature of Registered Agent

2-10-15
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.

Gail Pridgen
Required Signature of Incorporator

2-10-15
Date