

N15000004512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

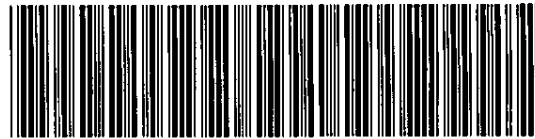
(Business Entity Name)

(Document Number)

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2015 MAY -5 PM 2:54  
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TALLAHASSEE, FLORIDA

AJR  
5/5/15

## COVER LETTER

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

SUBJECT: **U CAN RIDE, 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: **SHARON TAMAYO**

Name (Printed or typed)

**151 SE 8 STREET**

Address

**POMPANO BEACH, FL 33060**

City, State & Zip

**954-654-5849**

Daytime Telephone number

**UCANRIDEINC@GMAIL.COM**

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

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

May-5, 2015

State of Florida  
Division of Corporations

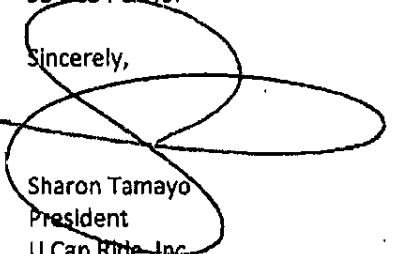
Re: U Can Ride Inc.  
Document Number - P14000102145

To whom it may concern:

Please be advised that we are not planning to revoke for dissolutions, we are releasing the name to the new corporation for Non Profit.

If you should have any questions or need further information, please feel free to contact me directly at 954-654-5849.

Sincerely,



Sharon Tamayo  
President  
U Can Ride, Inc.

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

**ARTICLE I      NAME**

The name of the corporation shall be: U CAN RIDE INC.

FILED

**ARTICLE II      PRINCIPAL OFFICE**

Principal ~~street~~ address:  
1600 NE 5 AVENUE

POMPANO BEACH, FL 33064

Mailing address, if different is:

151 SE 8 STREET

POMPANO BEACH, FL 33060

2015 MAY -5 PM 2:54

SECRETARY OF STATE

FLORIDA

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE SERVICES TO CHILDREN AND ADULTS WITH DISABILITIES  
THROUGH HORSE THERAPY.

ALONG WITH RIDING LESSON FOR ABLE BODIED INDIVIDUALS

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

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

Name and Title: SHARON TAMAYO, PRESIDENT

Address: 151 SE 8 STREET  
POMPANO BEACH, FL 33060

Name and Title: JENNIFER GROSS, VP

Address: 20 ROYAL PALM WAY #302  
BOCA RATON, FL 33432

Name and Title: DONNA HITE -Treasurer

Address: 231 NW 51 STREET  
OAKLAND PARK, FL 33309

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

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

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

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

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

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: SHARON TAMAYO

Address: 15 SE 8 STREET  
POMPANO BEACH, FL 33060


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHARON TAMAYO

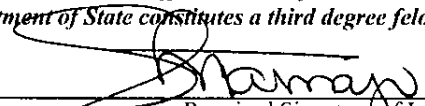
Address: 151 SE 8 STREET  
POMPANO BEACH, FL 33060

*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

4/28/15  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

4/28/15  
Date