

N15000004713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

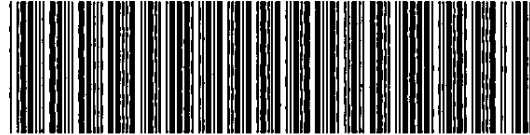
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY - 7 AM 8:16

APPROVED
AND
FILED

Handwritten signature

COVER LETTER

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

SUBJECT: Slow Trail Horse Rescue and Recovery Incorporated.
(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: Sherry I. McLaughlin
Name (Printed or typed)

1143 Pineapple way
Address

Kissimmee, FL 34741
City, State & Zip

407-593-3399
Daytime Telephone number

slowtrailhorserescueandrecovery@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2015

SHERRY I. MCLAUGHLIN
1143 PINEAPPLE WAY
KISSIMMEE, FL 34741

SUBJECT: SLOW TRAIL HORSE RESCUE AND RECOVERY
Ref. Number: W15000026515

We have received your document for SLOW TRAIL HORSE RESCUE AND RECOVERY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 315A00007593

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

ARTICLE I NAME

The name of the corporation shall be: Slow Trail Horse Rescue and Recovery INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

200 S. Hoagland Blvd.

Kissimmee, FL. 34741

Mailing address, if different is:

P.O. Box 422023

Kissimmee, FL. 34742-2023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To rescue abused, neglected, and unwanted horses and other farm animals.
As well as to find forever homes for those same animals.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: All board members, present, and in the future will be nominated and voted in by a majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President
Name and Title: Sherry I. McLaughlin Name and Title: _____

Address: President Address: _____

1143 Pineapple way

Kissimmee, FL. 34741

Name and Title: Kenneth H. Moore Jr Name and Title: _____

Address: Vice President Address: _____

200 S. Hoagland Blvd.

Kissimmee, FL. 34741

Name and Title: Brently C. Moore Name and Title: _____

Address: Treasurer Address: _____

1143 Pineapple way

Kissimmee, FL. 34741

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY -7 AM 8:16

APPROVED
AND
FILED

APPROVAL
AND
FILED

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

15 MAY -7 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Sherry I. McLaughlin
Address: 1143 Pineappleway
Kissimmee FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sherry I. McLaughlin
Address: 1143 Pineapple way
Kissimmee FL 34741

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

Sherry I. McLaughlin
Required Signature of Registered Agent

4-8-2015
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.

Sherry I. McLaughlin
Required Signature of Incorporator

4-8-2015
Date