

N16 000005706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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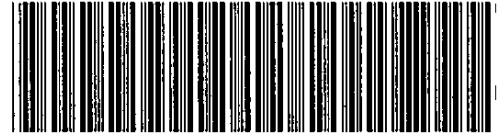
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/31/16--01040--003 \*\*

16 MAY 31 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE FL 32304

**COVER LETTER**

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

**SUBJECT:** Free Range Riding Club, 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:** John Jones II {Yippiekiyay Nonprofit Solutions}  
Name (Printed or typed)

9200 E. Mineral Ave. Unit #101  
Address

Centennial, CO 80112  
City, State & Zip

(855) 893-3093  
Daytime Telephone number

tandcbolin@bellsouth.net  
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:

**Free Range Riding Club, Inc.**

F

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:

**1158 Bailey ct**

Mailing address, if different:

**Rockledge, Florida 32955**

16 MAY

SECRET  
TALLAH

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**To help raise money through throwing benefit events for needy cause**

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

**As provided for in bylaws.**

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

Name and Title: **Timothy Bolin - President**

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

Address: **1158 Bailey ct**

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

**Rockledge, Florida 32955**

Name and Title: **Ricky Chiampi - Secretary/Treasurer**

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

Address: **1158 Bailey ct**

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

**Rockledge, Florida 32955**

Name and Title: **Forrest Cecil - Trustee**

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

Address: **1158 Bailey ct**

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

**Rockledge Florida 32955**

Purpose and Dissolution Clause as required by IRS:

Purpose Clause:

*"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.*

Dissolution Clause:

*" Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."*

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

FILED

16 MAY 31 PM

SECRETARY OF  
TALLAHASSEE FL

**ARTICLE VI REGISTERED AGENT**

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

Name: Timothy J. Bolin  
Address: 1158 Bailey ct  
Rockledge, Florida 32955

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Timothy J. Bolin  
Address: 1158 Bailey ct  
Rockledge, Florida 32955

*Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*timothy J Bolin*

\_\_\_\_\_  
Required Signature of Registered Agent

May 24, 2016

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*timothy J Bolin*

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

May 24, 2016

\_\_\_\_\_  
Date