

N160000057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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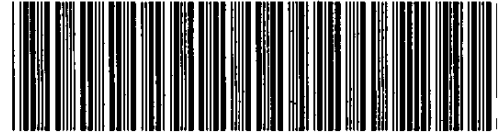
(Business Entity Name)

(Document Number)

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05/31/16--01041--007

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Rams Ranch Horse Rescue, 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:** Alvaro C. Sanchez, Esq.

Name (Printed or typed)

1714 Cape Coral Parkway East

Address

Cape Coral, FL 33904

City, State & Zip

239-542-4733

Daytime Telephone number

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: Rams Ranch Horse Rescue, Inc.

FILED

16 MAY 31 PM

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

17300 Prichett Parkway

North Fort Myers, FL 33917

Mailing address, if different is: SECRETARY OF STATE

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To save and rescue uncared for and neglected horses, and engage in other charitable activities.

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

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

Name and Title: Stacie Henderson Name and Title: \_\_\_\_\_

Address 17300 Pritchett Parkway Address: \_\_\_\_\_

North Fort Myers, FL 33917

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

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

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

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

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

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

FILED

16 MAY 31 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Stacie Henderson  
Address: 17300 Prichett Parkway  
North Fort Myers, FL 33917

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Stacie Henderson  
Address: 17300 Pritchett Parkway  
North Fort Myers, FL 33917

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Stacie Henderson

Required Signature of Registered Agent

5/10/16

Date

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

Stacie Henderson

Required Signature of Incorporator

5/10/16

Date