

N16000007260

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Murray **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 7/25/16
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: RIDERS WITH CARING HEARTS 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: DANNY MURRAY

Name (Printed or typed)

691 SW SISTERS WELCOME RD

Address

LAKE CITY FL 32025

City, State & Zip

386-758-9811

Daytime Telephone number

APEL1521@GMAIL.COM

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

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

Danny Murray
691 SW Sisters Welcome Rd
Lake City FL 32025

Division of Corporations
Tallahassee FL

July 12, 2016

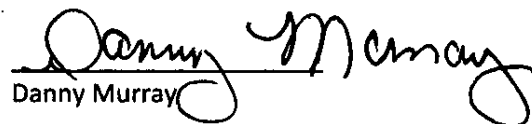
To whom it may concern:

* I Danny Murray, President of Riders With Caring Hearts Inc P16000019424 have dissolved this profit corporation as of today July 12th 2016. This was done online.

I have no intentions of reinstating this corporation and am asking you to release the name Riders With Caring Hearts immediately so that the correct, nonprofit corporate application can be filed using that exact same name.

If any additional information is needed, please contact my accountant Ruth Apel at 386-438-3229 or apel1521@gmail.com

Thank you


Danny Murray

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

ARTICLE I NAME
The name of the corporation shall be: RIDERS WITH CARING HEARTS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
691 SW SISTERS WELCOME RD

LAKE CITY FL 32025

Mailing address, if different from:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO AID AND ASSIST THE LESS FORTUNATE CHILDREN AND
CHILD ADVOCATE AGENCIES OF COLUMBIA COUNTY FL

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANNY MURRAY, PRESIDENT

Address: 691 SW SISTERS WELCOME RD
LAKE CITY FL 32025

Name and Title: WILLIAM HUGGINS, VP

Address: 229 SW MEREDITH LANE
LAKE CITY FL 32024

Name and Title: _____

Address: _____

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: _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: DANNY MURRAY
Address: 691 SW SISTERS WELCOME RD
LAKE CITY FL 32025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DANNY MURRAY
Address: 691 SW SISTERS WELCOME RD
LAKE CITY FL 32025

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 in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Danny Murray
Required Signature of Registered Agent

7/13/16
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.

Danny Murray
Required Signature of Incorporator

7/13/16
Date