

116000010269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

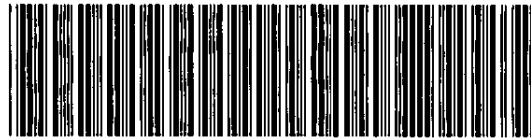
Special Instructions to Filing Officer:

Office Use Only

11600064144

OCT 21 2016

T. SCOTT



500289958065

09/14/16--01001--013 \*\*78.75

16 OCT 20 AM 8:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2016

RESTORATION HORSE THERAPY INC  
7624 NE 62ND DR  
GAINESVILLE, FL 32609

SUBJECT: RESTORATION THERAPY  
Ref. Number: W16000064144

16 OCT 20 AM 10:58  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

We have received your document for RESTORATION THERAPY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 316A00021532

## COVER LETTER

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

SUBJECT: Restoration Horse Therapy, 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: Restoration Horse Therapy Inc.  
Name (Printed or typed)

7624 NE 62<sup>nd</sup> Dr  
Address

Gainesville FL 32609  
City, State & Zip

352-538-6177  
Daytime Telephone number

valerie.mason@horsetalestherapy.com  
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: Restoration Horse Therapy, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
7624 NE 62<sup>nd</sup> Dr  
Gainesville FL 32609

Mailing address, if different is:

OCT 20 AM 8:00

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide equine assisted  
therapy with (VM) to individuals with a  
variety of disorders including but not limited  
to; emotional behavioral disorders, learning disorders,  
Down's syndrome, receptive/expressive language disorders,  
PTSD, depression.

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

elected at annual meeting

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

Name and Title: Madonna Bynum owner

Address: 7624 NE 62<sup>nd</sup> Dr  
Gainesville FL 32609

Name and Title: Valerie Mason MS, CEE-SUP

Address: 5400 NW 39<sup>th</sup> Ave H54  
Gainesville FL 32606

Name and Title: ~~RUSK, EXHIBIT~~

Address: 7624 NE 62<sup>nd</sup> Dr  
Gainesville FL 32609

Name and Title: Linda McIntosh

Address: 1357 Sumner Dr  
Tallahassee FL 32317

→  
See 2<sup>nd</sup> page

Name and Title: Brynum, Madonna K / Director Name and Title: \_\_\_\_\_  
Address: 7624 NE 62<sup>nd</sup> Dr Address: \_\_\_\_\_  
Gainesville FL 32609

Name and Title: Manager MGR. Bl Splawn, Billy Tom / Name and Title: McInnis, Linda J. Authorized Representative  
Address: 7624 NE 62<sup>nd</sup> Dr Address: 1357 Sumerlin Dr  
Gainesville, FL 32609 Jallahasser FL  
32317

Name and Title: Mason, Valerie D. / Director Name and Title: \_\_\_\_\_  
Address: 5400 NW 39<sup>th</sup> Ave H54 Address: \_\_\_\_\_  
Gainesville FL  
32606

**ARTICLE VI REGISTERED AGENT**

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

Name: Valerie Mason  
Address: 5400 NW 39<sup>th</sup> Ave H54  
Gainesville FL 32606

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Valerie Mason  
Address: 5400 NW 39<sup>th</sup> Ave H54  
Gainesville FL 32606

*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*

Valerie Mason M.S., CCC-SCP  
Required Signature of Registered Agent

9-5-16  
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.*

Valerie Mason M.S., CCC-SCP  
Required Signature of Incorporator

9-5-16  
Date

## **Attachment to Articles of Incorporation of Restoration Horse Therapy, Inc.**

Said organization is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under the section 501 (c)(3) of the Internal Revenue Code or corresponding section of any future federal tax code. The business activity for said organization is as follows: To provide equine assisted therapy to individuals with a variety of cognitive-linguistic deficits including but not limited to: Autism Spectrum Disorders, Down's Syndrome, emotional-behavioral disorders, expressive/receptive language disorders, depression, PTSD.

No part of the net earnings of this organization shall inure to the benefit of or be distributable to, its members, trustees, officers or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of this organization shall be the carrying on propaganda, or otherwise attempting to influence legislation and this organization shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the corporation shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code or (b) by an organization, contributions to which are deductible under section 170(c) (2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of this corporation, assets, remaining shall be distributed 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 or shall be distributed to the federal government or to a state or local government for a public purpose. Any such assets not disposed of shall be disposed by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.