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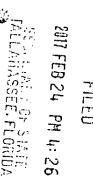
(Requestor's Name)
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(Document Number)
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V HERRING FEB 27 2017

COVER LETTER

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

S&P Stables SUBJECT:	, Inc.		
	(PROPOSED CORPO	RATE NAME - MUST INC	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	■\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
	Philip Raymond	ADDITIONAL CO	PY REQUIRED
FROM:	Name (Printed or typed)		
	663 Pineland Trail	Address	_
	Ormond Beach, FL 32174	ity, State & Zip	-

(386) 517-3151

philipraymond69@gmail.com

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

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

Daytime Telephone number

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

DTICLE	DRINGIDAL OFFICE	9017 FFR	
RTICLE II		2017 FEB 24 P	PM 4: 27
663 F	Principal <u>street</u> address: Pineland Trail	Mailing address of different is:	-STATE FLORIDA
Ormo	ond Beach, FL 32174	2,	
RTICLE III		to have and provide a safe haven for sick, abused, rescued and	elderly horse
	or which the corporation is organized in the shelter, rehabilitation, medical, the	is: trapy, and training. We well help with the adoption of horses, by	olderly noise
laceing them	in a caring environment, and we will	also help provide food and other necessary equipment to horses the	hat are in nee

	· - ·		
RTICLE IV	MANNER OF ELECTION _ The	manner in which the directors are elected and appointed:	ne bylaws.
RTICLE IV	MANNER OF ELECTION The	manner in which the directors are elected and appointed:	ne bylaws.
	INITIAL OFFICERS AND/OR DI	manner in which the directors are elected and appointed:	ne bylaws.
RTICLE V	INITIAL OFFICERS AND/OR DI	MRECTORS Paula Coffman/Secretary 663 Pineland Trail	ne bylaws.
RTICLE V	INITIAL OFFICERS AND/OR DI Susanna Raymond/President	IRECTORS Name and Title: Paula Coffman/Secretary	ne bylaws.
RTICLE V	Susanna Raymond/President e: 663 Pineland Trail Ormond Beach, FL 32174	Name and Title: Paula Coffman/Secretary 663 Pineland Trail Ormond Beach, FL 32174	ne bylaws.
RTICLE V lame and Title Address	ESUSANNA Raymond/President 663 Pineland Trail Ormond Beach, FL 32174 Debi Barnett/Director 230 River Oak Drive	Name and Title: Address: Ormond Beach, FL 32174 Name and Title:	ne bylaws.
RTICLE V lame and Title address	ESUSANNA Raymond/President 663 Pineland Trail Ormond Beach, FL 32174 Debi Barnett/Director 230 River Oak Drive	Name and Title: Paula Coffman/Secretary 663 Pineland Trail Ormond Beach, FL 32174	ne bylaws.
RTICLE V Name and Title Address	ESusanna Raymond/President 663 Pineland Trail Ormond Beach, FL 32174 Debi Barnett/Director 230 River Oak Drive	Name and Title: Address: Ormond Beach, FL 32174 Name and Title:	ne bylaws.
RTICLE V Name and Title Address	Susanna Raymond/President 663 Pineland Trail Ormond Beach, FL 32174 Debi Barnett/Director 230 River Oak Drive Osteen, FL 32764	Name and Title: Address: Ormond Beach, FL 32174 Name and Title:	ne bylaws.
RTICLE V Name and Title Address	Susanna Raymond/President 663 Pineland Trail Ormond Beach, FL 32174 Debi Barnett/Director 230 River Oak Drive Osteen, FL 32764	Name and Title: Name and Title: Paula Coffman/Secretary	ne bylaws.

Name and Title:	Name and Title:
Address	Address:
-	FILED
_	2017 FEB 24 PM 4: 27
_	Name and Title: SALLAHASSEE, FLORING
Name and Title:	Name and Title:
Address _	Address:
-	
-	
ARTICLE VI	
The <u>name and F</u>	Storida street address (P.O. Box NOT acceptable) of the registered agent is: Philip Raymond
Name:	
Address:	663 Pineland Trail
	Ormond Beach, FL 32174
	<u>INCORPORATOR</u> ddress of the Incorporator is:
•	Philip Raymond
Name:	663 Pineland Trail
Address:	
	Ormond Beach, FL 32174
	EFFECTIVE DATE:
	f other than the date of filing:
`	
	e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document s effec	ctive date on the Department of State's records.
	med 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 A
de	Required signature of Registered Agent Date
. 0	Required Signature of Registered Agent Date
	cument and affirm that the facts stated herein are true. I am aware that any false information submitted in a document nt of State constitutes of hird degree felony as provided for in s.817.155, F.S.
$\mathcal{D}_{\mathcal{O}}$	
4KM	Required Signature of Incorporator Date