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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
FEB 27 2017

COVER LETTER

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

SUBJECT: S&P Stables, 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: Philip Raymond

Name (Printed or typed)

663 Pineland Trail

Address

Ormond Beach, FL 32174

City, State & Zip

(386) 517-3151

Daytime Telephone number

philipraymond69@gmail.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: S&P Stables, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
663 Pineland Trail
Ormond Beach, FL 32174

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to have and provide a safe haven for sick, abused, rescued and elderly horses.

We will provide shelter, rehabilitation, medical, therapy, and training. We will help with the adoption of horses, by

placing them in a caring environment, and we will also help provide food and other necessary equipment to horses that are in need.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: is set in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susanna Raymond/President

Address: 663 Pineland Trail
Ormond Beach, FL 32174

Name and Title: Paula Coffman/Secretary

Address: 663 Pineland Trail
Ormond Beach, FL 32174

Name and Title: Debi Barnett/Director

Address: 230 River Oak Drive
Osteen, FL 32764

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: Philip Raymond
Address: 663 Pineland Trail
Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR

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

Name: Philip Raymond
Address: 663 Pineland Trail
Ormond Beach, FL 32174


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 days prior or 90 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


Required Signature of Registered Agent

2-7-17
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.


Required Signature of Incorporator

2-7-17
Date