# NM00000818

•
(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



000304598120

10/27/17--01005--023 +\*70.00

10/27/17--01005--024 \*\*35.00

拉OCT 27 PN 图 5章 17 CC. 27 ad H: 05

D O'KEEFE OCT 2 7 2017

### **COVER LETTER**

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

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: 1 imothy L. Ford

312 Laureno Plece

205-834-3133
Daytime Telephone number

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

#### **Certificate of Conversion**

For

#### "Other Business Entity"

Into

Florida Non Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. (6), Florida Statutes. 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Seminule Scots Riding Enter Name of Other, Business Entity For F general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country) 1:20 | 201 \\
ter date "Other Business Entity" was first organized, formed or incorporated If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: 4. The name of the Florida Non Rockit Corporation as set forth in the attached Articles of Incorporation:

Seminale Scorts Ridge Club Inc.

Enter Name of Florida Profit Corporation 5. If not effective on the date of filing, enter the effective date: 10/25 1201 (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) 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. Page 1 of 2

Signed this 27 day of October	
Required Signature for Florida Profit Corporation	<u>:</u>
Signature of Chairman, Vice Chairman, Director Offi Incorporator:  Printed Name: Timothy Life Citle: C	cer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]
Signature:	
Printed Name: 1 imothy L. Force	Title: Commander
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	<del> </del>
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	v Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	4
All others: Signature of an authorized person.	
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

The name of the	ne corporation shall be: Semi-whe Scorts Riding Club Tra
ARTICLE II	PRINCIPAL OFFICE
	Principal street address: Mailing address, if different is:
_3_	12 havreno Place
_(-	anama City Beach
F	1,32413
<u>ARTICLE III</u>	<u>PURPOSE</u>
The purpose for	or which the corporation is organized is: To support Veterans assues
and	veterans needing help in Bay County, Floria
_	
ARTICLE IV	
open	election voted by members
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS
mothy	L. Lock Treasuror Name and Title: Sary Ford Secretary
Name and Titl	312 Lawreno P Address: 307 Lawreno Mace
Address	Parama City Beh Parama Pity Peh
	El 2015
S1 140%	le: Chris Berry exceptive  Officer Jame and Title:
	6203 hilles Arenderess:
Address	Daniel A Living Manager 1
	Fl. 32408
Numer and Wel	
	Name and Title:
Address	Address:
	——————————————————————————————————————

Address	Address:		I
			•
Name and Title:	Name and Title:		
Address	Address:		1
Name: Timothy L	D. Box NOT acceptable) of the registered agent is:  For  ewo Place		
<u>ARTICLE VII INCORPORATOR</u> The <u>name and address</u> of the Incorporator	is:		
Address: 312 Lais	Li Ford Teno Place City Bah Fl 32413		
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filin	( ) -		ļ
Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the applicable statutory filing requirement of State's records.	ments, this date will not be listed as the	ı
Having been named as registered agent to certificate, I am familiar with and accept to	o accept service of process for the above stated by appointment as positivered agent and agree to	act in this capacity	s
Required Signat	ure of Registered Agent	10/27 (20()	i I
I submit this document and affirm that the to the Department of State constitutes a thi	facts stated herein are true 1 am aware that any and degree felony as provided for in s.817.155, F.2	y false information submitted in a documen S.	it