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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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W18-26917

D O'KEEFE JUN 22 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2018

RHONDA BETH FRITZSHALL 6903 CALLE DEL PAZ S BOCA RATON, FL 33433

SUBJECT: HERD FOUNDATION INC.

Ref. Number: W18000026817

2018 JUH 18 PH 4: 14
2018 JUH 18 PH 4: 14

We have received your document for HERD FOUNDATION INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return 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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 418A00008564

18 JUN 18 PH 4: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT:	1EKD Found	lation Inc	·			
	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE 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:	Rhonda Bed	h Fr, b.Shau e (Printed or typed)	L.			
1.002 Null. D.102 e						

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)

The name of the corporation shall be: HERD FOU	indation Inc.
ARTICLE II PRINCIPAL OFFICE	
Principal street address: Johnson's Folly Farm	Mailing address, if different is: John Son's Folly Farm
5135 CONKLIN Dr.	14052 52nd Are
Delray Bch fr 33484	Delray Bch, fr 33484
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
- Passinate about	and Relationships and Families
quality of lives	and Relationships
of Children a	nd Pamilles
through equi	ine Partners.
ARTICLE IV MANNER OF ELECTION The manner in which the DIVICENCE ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Manage B. Frizskell Name and Address 6903 Calle Del Pap Address: Back Path R 33133	s are appointed Title: Nayae Johnson Coerec. Director
Name and Title: Name and	Title:
Address:	
Name and Title: Name and Address: Address:	M 4: 21 FLORIDA
	(A)

Name and Title:	Name and Title:	,
Address		
Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acc	eptable) of the registered agent is:	
Name: Nanga e Johnson	<u> </u>	
Address: 205 D Allantic	<u>Pr</u>	
Delray Ban, FL	33462 ZE	ಹ
ARTICLE VII INCORPORATOR	LARCE LARCE	NUL T
The <u>name and address</u> of the Incorporator is:	ÁSSE	& = §
Name: Wanda Fn't Sh		
Address: 6903 CAULE Del DOCA RATION FI	<u>νωης</u> - 1 33433	ان 4: 21
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific a	-1-18 (OPTIONAL) and cannot be more than five days prior or 90 days after	
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's red	applicable statutory filing requirements, this date will not be cords.	e listed as the
Having been narfed as registered agent to accept service certificate, I amfamiliar with and accept the appointment Required Signature of Registered	e of process for the above stated corporation at the place as registered agent and agree to act in this capacity	_
Required Signature of Registere	ed Agent Date	
I submit this document and affirm that the facts stated he to the Department of State constitutes a third degree felon	rein are true. I am aware that any false information submit	tted in a document
Hade Bay Byland Required Signature of Inco	orporator 3-/1/18	3