

N210000000273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

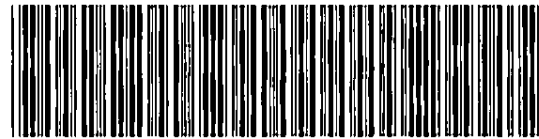
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN -4 PM 2:15
TALLAHASSEE, FL

2021 JAN -4 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Hold Our horses, Inc

Signature _____

Requested by: SETH

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

174 Pender's Printing • Thomasville, GA 31756

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 JAN -7 PM 1:14
TALLAHASSEE, FLORIDA

January 6, 2021

CAPITAL CONNECTION

SUBJECT: HOLD OUR HORSES, INC.
Ref. Number: W21000000865

We have received your document for HOLD OUR HORSES, INC. and your check(s) totaling \$70.00. 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.

Neysa Culligan
Regulatory Specialist III

Letter Number: 121A00000198

*keep original file date
Please
11
tu*

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

FILED

2021 JAN -4 AM 10:28

ARTICLE I NAME

The name of the corporation shall be: Hold Our Horses, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
501 East Kennedy Boulevard, Suite 1250

Tampa, Florida 33602

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
To be exclusively charitable, educational, or religious, within the meaning of Section 501 (c) (3) of the Internal Revenue Code of
1986, as amended, or the corresponding provision of any future Federal tax law to offer therapeutic and educational interaction
between those in the community in need of encouragement, kindness, friendship, and love with specially trained miniature
therapy horses, and possibly other similar animals, and volunteers. The corporation intends to share the healing attributes
of these animals with adults and children.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: is stated
in the by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: April LaCava, President Name and Title: _____

Address: 501 East Kennedy Boulevard, Suite 1250 Address: _____
Tampa, Florida 33602

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Lou LaCava

Address: 501 East Kennedy Boulevard, Suite 1250

Tampa, Florida 33602

ARTICLE VII INCORPORATOR

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

Name: Jeffrey Albinson

Address: 1135 Marbella Plaza Drive

Tampa, FL 33619

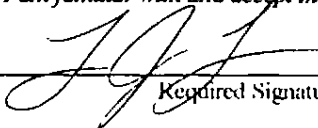
ARTICLE VIII EFFECTIVE DATE:

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

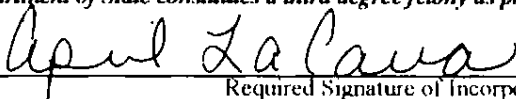


Required Signature of Registered Agent

12-22-2020

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

12-22-2020

Date

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SECRETARY OF STATE
TALLAHASSEE, FL

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