N210 0000 6164

(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



200363049112

04/02/21--01021--002 **78,75

21 APR -2 AM 4: 53 SECWLTAN OF STATE TALL ABASSEE, FLORIDA

D O'KEEFE MAY 2 4 2021

COVER LETTER

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

Freedom Rid SUBJECT:	ling Academy, Inc.		
	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Artic	eles 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 CO	PY REQUIRED
FROM:	Steven Johnson Name	e (Printed or typed)	_
	6201 S. Main Ave.	Address	_
	Tampa Fl 33611		

813-833-1774

stevejohnson718@gmail.com

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

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

City, State & Zip

Daytime Telephone number

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

ARTICLE I The name of the	NAME Freedom Riding	g Academy, Inc.				
ARTICLE II	PRINCIPAL OFFICE					
6201	Principal <u>street</u> address: S. Main Ave.		Mailing address, if different is:			
Tamp	oa, FL 33511					
	r which the corporation is organized i		military service members (active & resernd purpose driven rider engagement ever			
safer riding, ar	nd is organized and operated exclusive	ely for charitable and ed	ucational purposes, including for such pu	irposes, the		
ARTICLE IV	INITIAL OFFICERS AND/OR DI	RECTORS	ctors are elected and appointed: At annua Brenden Anderson, Director	il meeting		
Name and Title	6201 S. Main Ave.	Name and Title	18012 Avalon Lane			
Address -	Tampa, Florida 33611	Address:	Tampa, Florida 33647	· -		
Name and Title	Jonathan Carroll, Director	Name and Title	Matthew Humphrey, Director			
Address	16126 Muirfield Dr.	Address:	196 70th Ave. N.	_		
	Odessa, Florida 33556		Saint Petersburg, Florida 33702			
Name and Title	Ron Bone, Director	Name and Title		21		
Address	10823 Seminole Blvd., Ste 2	Address:		APR		
	Seminole, Florida 33778		ASSEL	= 1L E		

Name and Title:		Name and Ti	tle:			
Address _		Address:		_ 		
_						
_						
Name and Title:		Name and Ti	tle:			
Address		Address:				
_						
-						
	REGISTERED AGENT Torida street address (P.O. E	Box NOT acceptable) of the re	gistered agent is:			
Name:	Rory B. Weiner, P.A.					
Address:	635 W. Lumsden Rd.					
	Brandon, FL 33511			= 0	~	
				TITA EOM	1 APR	
	INCORPORATOR ddress of the Incorporator is:	1		無意	²R −2	-
Name:	Steven Johnson			SEE	2 AH	r f
Address:	6201 S. Main Ave.			E00	-F.	ί.
	Tampa, FL 33611				53	
ARTICLE VIII	EFFECTIVE DATE:					
	other than the date of filing date is listed, the date must	:: t be specific and cannot be n	(OPTIONAL) nore than five days prior	r or 90 days after	the fi	ilin
Effective date, if				nis date will not be	e listed	d as
Effective date, if (If an effective date) Note: If the date		not meet the applicable statut	ory filing requirements, th			
Effective date, if (If an effective date) Note: If the date	e inserted in this block does in the Department		ory filing requirements, th			
Effective date, if (If an effective of Note: If the date document's effective of Having been na	ctive date on the Department med as registered agent to a	t of State's records. accept service of process for	the above stated corporal	tion at the place	design	ate
Effective date, if (If an effective of Note: If the date document's effective of Having been na	ctive date on the Department med as registered agent to a familiar with and accept the	t of State's records. accept service of process for appointment as registered age	the above stated corporate that and agree to act in this	tion at the place capacity		afe
Effective date, if (If an effective of Note: If the date document's effective of Having been na	ctive date on the Department med as registered agent to a familiar with and accept the	t of State's records. accept service of process for appointment as registered age	the above stated corporate that and agree to act in this	tion at the place		afe
Effective date, if (If an effective of Note: If the date document's effective document's effective document's effective document's effective date. I am July 1 Submit this doc	med as registered agent to a familiar with and accept the Required Signature	t of State's records. accept service of process for	the above stated corporatent and agree to act in this	tion at the place capacity Solve Date	<i>2)_</i> _	