

N24000010789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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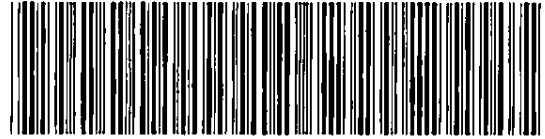
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FL

8/23/24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2024

MICHELLE MOORE
16335 SW 19TH ST
OCALA, FL 34481 US

SUBJECT: MUSTANG MOON HORSES FOR HEROES LLC
Ref. Number: W24000074871

There is a fee of \$35.00 due.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 424A00010628

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CORPORATIONS
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LLC into
Non profit

Certificate of Conversion
For
"Other Business Entity"
Into
Florida ~~Profit~~ Corporation
Non Profit

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. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

MUSTANG MOON HORSES FOR HEROES LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Corporation
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

Florida

first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)

on 11/20/2023

Enter date "Other Business Entity" was first organized, formed or incorporated

3. 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 ~~Profit~~ Corporation as set forth in the attached Articles of Incorporation:

MUSTANG MOON HORSES FOR HEROES INC

Enter Name of Florida ~~Profit~~ Corporation
Non Profit

5. If not effective on the date of filing, enter the effective date:
(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.

2024 AUG 23 PM 12:00
DEPT. OF STATE
TALLAHASSEE, FL

LED

Signed this 18th day of April, 2024

Required Signature for Florida ~~Profit~~ Corporation:

Signature of Susan Keogh or, or, if Directors or Officers have not been selected, an
Incorporator
Printed Name: Susan Keogh Title: CFO

Required Signature(s) on behalf of Other Business Entity: (See below for required signature(s).)

Signature: Susan Keogh
Printed Name: Susan Keogh Title: CFO

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

2024 JUN 23 PM 12:00
CLERK OF STATE
TALLAHASSEE, FL
777 ED

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

ARTICLE I NAME

The name of the corporation shall be: MUSTANG MOON HORSES FOR HEROES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

16335 SW 19th Street

Ocala, FL 34481

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To provide equine therapy for Veteran's & First Responder's.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

Majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Moore / CEO

Address: 16335 SW 19th Street

Ocala, FL 34481

Michelle Moore

Name and Title: Susan Keogh / CFO

Address: 6530 NW 61th Ct

Ocala, FL 34482

Susan Keogh

Name and Title: Jaime Radke / Secretary

Address: 2110 SW 142 Ct

Ocala, FL 34481

J Radke 04/19/24

Name and Title: Marianna Diaz / VP

Address: 18600 NE 5th Terr Rd

-Citra, FL 32113

Marianna Diaz

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: Susan Keogh / CFO

Address: 16335 SW 19th Street

Ocala, FL 34481

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michelle Moore

Address: 16335 SW 19th Street

Ocala, FL 34481

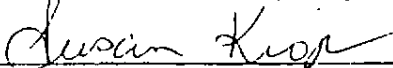
ARTICLE VIII EFFECTIVE DATE:

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

4/18/2024

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

4/18/2024

Date

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RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL