

N960000002708

TRANSMITTAL LETTER

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

SUBJECT: EPONA'S GIFT STABLES INC.
(Proposed corporate name - must include suffix)

300001801213
-04/30/96--01073--005
*****78.75 *****78.75

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Timothy M. Arradondo
Name (Printed or typed)

2170 Friday Rd.
Address

Cocoa Fl. 32926
City, State & Zip

(407) 635-8659
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 APR 30 AM 9:28

FILED

Called 5/3/96
Dmp

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

FROM : Durham Woods *****North

PHONE NO. : 502-473 7070

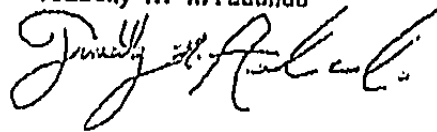
May. 21 1996 04:07PM P02

EPONA's GIFT STABLES INC.
2170 Friday Road
Cocoa Florida 32920
Ph.(407)830-2220

To whom it may concern.

It has come to our attention that the corporate name that we originally submitted for approval cannot be used by our organization. Therefore we wish to have the name on our application changed to show the name: EPONA's GIFT STABLES INC. I give authorization to Debbie Eldridge to alter the name of the organization originally submitted, to the name given above.

Sincerely,
Timothy H. Arradondo



ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name:

The name of the corporation shall be: EPONA'S GIFT STABLES INC.

ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:

2170 Friday Rd
Cocoa Fl. 32926

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

Equine assisted psychotherapy; rescue & training of
horses for this purpose.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

To Be Stated in Bylaws

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69 APR 30 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

Timothy m. Arradondo
2170 Friday Rd.
Cocoa Fl. 32926

ARTICLE VII

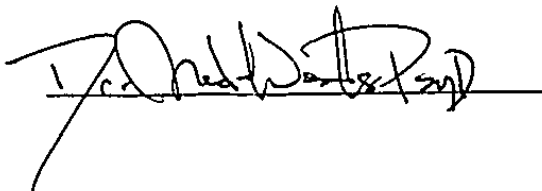
Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Dr. Medea Woods
2170 Friday Rd.
Cocoa Fl. 32926
Timothy Arradondo and Terry Arradondo
as above

The undersigned incorporator has executed these Articles of Incorporation this 24 day of April, 19 96.

Signature of Incorporator:



DR. MEDEA WOODS Psy D

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION OF **FILED**
REGISTERED AGENT/REGISTERED OFFICE

96 APR 30 AM 9:29

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, ~~FLORIDA STATUTES, FLORIDA~~ SECRETARY OF STATE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

EPONA'S GIFT STABLES INC.

(must include suffix)

2. The name and address of the registered agent and office is:

Timothy M. Arradonoo
(NAME)

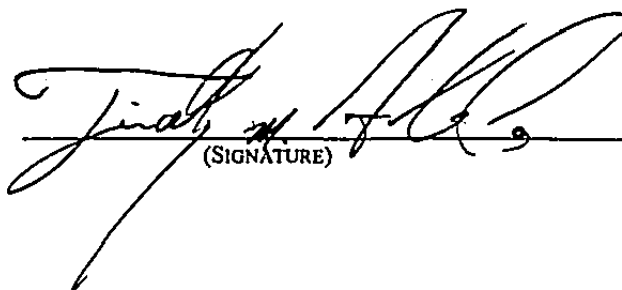
2170 Friday Rd.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Cocoa Fl. 32926

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

4/24/96
(DATE)