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## TRANSMITTAL LETTER

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

SUBJECT: CENTRAL Florida Riding Therapy Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: CENTRAL Florida Riding Therapy Inc.  
Name (Printed or typed)

2800 DAMON Road  
Address

Apopka, Florida 32703  
City, State & Zip

321-303-2274  
Daytime Telephone number

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

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## **Articles of Incorporation**

*In compliance with chapter 607 and/or chapter 621, F.S. (profit)*

### **Article I: NAME**

The name of the corporation shall be: Central Florida Riding Therapy Inc.

### **Article II: PRINCIPAL OFFICE**

Central Florida Riding Therapy Inc.  
3150 Damon Road  
Apopka, Florida 32703

Mailing address is:  
2800 Damon Road  
Apopka, Florida 32703

### **Article III: PURPOSE**

The purpose of Central Florida Riding Therapy is to provide riding therapy for physical and mental challenged people.

### **Article IV: SHARES**

The number of shares that Central Florida Riding Therapy Inc.  
Is 1000 shares.

### **Article V: INITIAL OFFICERS AND/OR DIRECTORS**

President--Victoria P. Prettyman  
Vice-President--Victoria P. Prettyman  
Secretary--Victoria P. Prettyman  
Treasurer--Victoria P. Prettyman

### **Article VI: REGISTERED AGENT**

Victoria P. Prettyman  
2800 Damon Road  
Apopka, Florida 32703

Victoria P. Prettyman  
2800 Damon Road  
Apopka, Florida 32703

\*\*\*\*\*

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

V. P. Prettyman  
Signature/Registered Agent

2-4-04  
Date

V. P. Prettyman  
Signature/Registered Agent

2-4-04  
Date