

P10000100659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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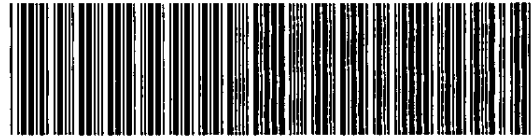
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/13/10--01044--001 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 13 PM 5:56

APPROVED
AND
FILED

11/1

COVER LETTER

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

SUBJECT: Freedom Rider, 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

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

FROM: Victoria Surr

Name (Printed or typed)

5225 Tudor Ct

Address

Naples FL 34112

City, State & Zip

603-540-0933

Daytime Telephone number

info@freedomrider.com

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

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Freedom Rider, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5225 Tudor Ct
Naples, FL 34112

Mailing address, if different is:
5482 Rattlesnake Hammock Rd
Ste 191
Naples, FL 34113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of horse equipment and supplies for people with disabilities and others.

ARTICLE IV SHARES
The number of shares of stock is 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victoria Surr, President
Address: 5225 Tudor Ct
Naples FL 34112

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: Victoria Surr
Address: 5225 Tudor Ct
Naples FL 34112

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victoria Surr
Address: 5225 Tudor Ct
Naples FL 34112

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

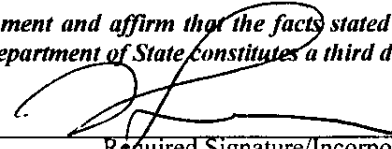


Required Signature/Registered Agent

12/9/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

12/9/2010

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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