P99000031676

(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

Cause auth to correct merger- GB

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04/15/08--01007--001 **78.75

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08 APR 15 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Merger + N/C
GB
4/23

www.AnimalRehabInstitute.com

April 11, 2008

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I hope I have completed this request correctly. I own two Corporations in Florida the original Corp was HorsePower Equine Sports Therapeutics, Inc. this is a C Corp that has an EIN # attached to it. The second Corp is Animal Rehab Institute which is the new name I had chosen a few years ago to represent my business.

There is no need for me to own two Corporations and pay the yearly fee's on both. I really only use the Animal Rehab Institute name now but all of my tax id information and banking is listed as Horsepower which I would like to change to Animal Rehab Institute. I was instructed by your office to fill out the merger forms enclosed to merge the two Corporations together and then to change the name of the existing Corporation from HorsePower Equine Sports Therapeutics to Animal Rehab Institute so that I can maintain the EIN #, articles of Incorporation etc. that are with the HorsePower as I own both Corporations.

If there are any questions regarding this matter please contact me at 561-222-4400 anytime.

Thank you,

Arlene D. White, PT M. Anim St. Physiotherapy

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HorsePower Equine Sports Therapeutics, Inc.
(Name of Surviving Corporation)

The enclosed Articles of Merger and fee are submitted for filing.

Please return all correspondence concerning this matter to following:

Arlene D. White
(Contact Person)

(Firm/Company)

2457 C Road
(Address)

Loxahatchee, FL 33470
(City/State and Zip Code)

For further information concerning this matter, please call:

Arlene White At (561) 222-4400
(Name of Contact Person) (Area Code & Daytime Telephone Number)

☑ Certified copy (optional) $8.75 **(Please send an additional copy of your document if a certified copy is requested)**

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF MERGER

(Profit Corporations)

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TALLAHASSEE, FLORIDA

The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

First: The name and jurisdiction of the **surviving** corporation:

Name	Jurisdiction	Document Number (If known/ applicable)
HorsePower Equine Sports Therapeutics, Inc.		P99000031676

Second: The name and jurisdiction of each **merging** corporation:

Name	Jurisdiction	Document Number (If known/ applicable)
Animal Rehab Institute, Inc.		P05000014708

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TALLAHASSEE, FLORIDA

Third: The Plan of Merger is attached.

Fourth: The merger shall become effective on the date the Articles of Merger are filed with the Florida Department of State.

OR ____/____/____ (Enter a specific date. NOTE: An effective date cannot be prior to the date of filing or more than 90 days after merger file date.)

Fifth: Adoption of Merger by **surviving** corporation - **(COMPLETE ONLY ONE STATEMENT)**
The Plan of Merger was adopted by the shareholders of the surviving corporation on 04/11/2008.

The Plan of Merger was adopted by the board of directors of the surviving corporation on _____ and shareholder approval was not required.

Sixth: Adoption of Merger by **merging** corporation(s) **(COMPLETE ONLY ONE STATEMENT)**
The Plan of Merger was adopted by the shareholders of the merging corporation(s) on 04/11/2008.

The Plan of Merger was adopted by the board of directors of the merging corporation(s) on _____ and shareholder approval was not required.

(Attach additional sheets if necessary)

Seventh: SIGNATURES FOR EACH CORPORATION

Name of Corporation	Signature of an Officer or Director	Typed or Printed Name of Individual & Title
HorsePower Equine Sports	Arlene D White	Arlene D. White, President
Animal Rehab Institute	Arlene D White	Arlene D. White, President

PLAN OF MERGER

(Non Subsidiaries)

The following plan of merger is submitted in compliance with section 607.1101, Florida Statutes, and in accordance with the laws of any other applicable jurisdiction of incorporation.

First: The name and jurisdiction of the **surviving** corporation:

Name	Jurisdiction
HorsePower Equine Sports Therapeutics, Inc.	Florida

Second: The name and jurisdiction of each **merging** corporation:

Name	Jurisdiction
Animal Rehab Institute, Inc.	

Third: The terms and conditions of the merger are as follows:

Fourth: The manner and basis of converting the shares of each corporation into shares, obligations, or other securities of the surviving corporation or any other corporation or, in whole or in part, into cash or other property and the manner and basis of converting rights to acquire shares of each corporation into rights to acquire shares, obligations, or other securities of the surviving or any other corporation or, in whole or in part, into cash or other property are as follows:

All shares will be transferred to the surviving corporation.

(Attach additional sheets if necessary)

THE FOLLOWING MAY BE SET FORTH IF APPLICABLE:

Amendments to the articles of incorporation of the surviving corporation are indicated below or attached:

X The surviving Corporation shall change its name from HorsePower Equine Sports Therapeutics to Animal Rehab Institute and maintain the articles from HorsePower and the EIN #

OR

Restated articles are attached:

Other provisions relating to the merger are as follows: