

N 14000006745

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(Business Entity Name)

(Document Number)

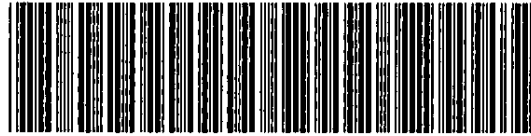
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Special Instructions to Filing Officer:

Office Use Only

513-

W14000032964



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14 JUL 16 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J 7/18/14

**COVER LETTER**

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

**SUBJECT:** Safe Harbor Horse Rescue, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Karen Gustinger  
Name (Printed or typed)

4572 County Road 665  
Address

Ona, Fl. 33865  
City, State & Zip

305-322-7133  
Daytime Telephone number

karen3227133@aol.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



RECEIVED

14 JUL 15 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations TALLAHASSEE, FLORIDA

June 13, 2014

KAREN GUSTER  
4572 COUNTY ROAD 665  
ONA, FL 33865

SUBJECT: SAFE HARBOR HORSE RESCUE, INC.  
Ref. Number: W14000032964

We have received your document for SAFE HARBOR HORSE RESCUE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 214A00012891

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2014

KAREN GUSTER  
4572 COUNTY ROAD 665  
ONA, FL 33865

SUBJECT: SAFE HARBOR HORSE RESCUE, LLC  
Ref. Number: W14000032964

RECEIVED  
14 JUN -9 PM 2:43  
TALLAHASSEE, FLORIDA

We have received your document for SAFE HARBOR HORSE RESCUE, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 814A00011378

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14 JUL 15 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: Safe Harbor Horse Rescue, Inc.

FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4572 County Road 665

Ona, Fl. 33865

Mailing address, if different is:

14 JUL 16 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide rescue, rehabilitation, and necessary services to abandoned, neglected, abused, and/or unwanted horses with the intent of being adopted to forever homes.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Appointed by Initial Officers

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Karen Gustinger, President

Name and Title: \_\_\_\_\_

Address 4572 County Road 665  
Ona, Fl. 33865

Address: \_\_\_\_\_

Name and Title: West Copeland, Vice-President

Name and Title: \_\_\_\_\_

Address 4572 County Road 665  
Ona, Fl. 33865

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Karen Gustinger

Address: 4572 County Road 665  
Ona, Fl. 33865

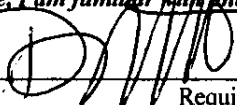
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Karen Gustinger

Address: 4572 County Road 665  
Ona, Fl. 33865

*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*

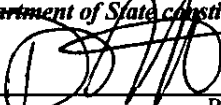


Required Signature of Registered Agent

7/9/14

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

7/9/14

Date

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TALLAHASSEE, FLORIDA