

P11 000018929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

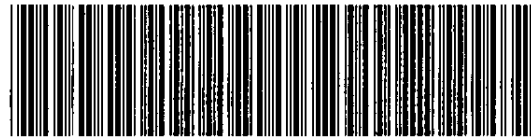
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W11-9375

FILED
2011 FEB 23 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Burch FEB 24 2011

COVER LETTER

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

SUBJECT: _____
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Billy's Farrier Service, Inc.
Name (Printed or typed)

P.O. Box 1316
Address

Hilliard, FL 32046
City, State & Zip

912-223-5595
Daytime Telephone number

billydav@windstream.net
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 FEB 23 AM 11:31
DIVISION OF CORPORATIONS

February 16, 2011

BILLY DAVIS
PO BOX 1316
HILLIARD, FL 32046

SUBJECT: BILLY'S FARRIER SERVICE, INC.
Ref. Number: W11000009375

We have received your document for BILLY'S FARRIER SERVICE, 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):

The registered agent must have a Florida street address. A post office box is not acceptable.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 511A00004022

*You will find the corrected original
and 1 copy enclosed.
Corrections for street address and*

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

ARTICLE I NAME Billy's Farrier Service, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
28085 Jacobi Farm Road
Hilliard, FL 32046

Mailing address, if different is:
P.O. Box 1316
Hilliard, FL 32046

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

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2011 FEB 23 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Billy Davis Name and Title: _____
Address: P.O. Box 1316 Address: _____
Hilliard, FL 32046

Name and Title: Jonie Davis (Jonie) Name and Title: _____
Address: P.O. Box 1316 Address: _____
Hilliard, FL 32046

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: Billy Davis
Address: ~~P.O. Box 1316~~ 28085 Jacobi Farm Rd.
Hilliard, FL 32046

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Name: Billy Davis
Address: P.O. Box 1316
Hilliard, FL 32046

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

Billy Davis _____ Date _____
Required Signature/Registered Agent

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.

Billy Davis _____ Date _____
Required Signature/Incorporator