

P11000038605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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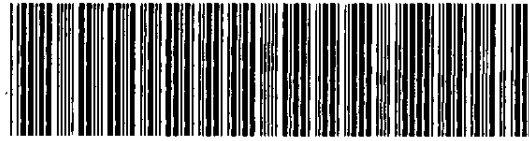
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 20 PM 4:41

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COVER LETTER

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

SUBJECT: Volcan, 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: Tim Moge
Name (Printed or typed)

P.O. Box 881193
Address

P.S.L. FL 34988
City, State & Zip

772-201-4968
Daytime Telephone number

mogeman@live.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

The name of the corporation shall be: Volcan, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

149 SW Fairchild Ave,
Port St. Lucie, FL 34984.

Mailing address, if different is:

PO Box 881193
Port St. Lucie, FL 34988.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

buying & selling horses.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Valerie Nagle - Treasurer.
Address: 1074 NW Federal Highway 1
Stuart, FL 34994.

Name and Title: Tim Moggé - President.
Address: 149 SW Fairchild Ave.
Port St. Lucie, FL 34984.

Name and Title: Valerie Nagle - Vice-President
Address: 1074 NW Federal Highway 1
Stuart, FL 34994.

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: Tim Moggé
Address: 149 SW Fairchild Ave.
Port St. Lucie, FL 34984.

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Valerie Nagle.
Address: 1074 NW Federal Highway 1
Stuart, FL 34994.

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

Tim Moggé

Required Signature/Registered Agent

4-16-11

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.

Valerie Nagle

Required Signature/Incorporator

4-16-11.

Date