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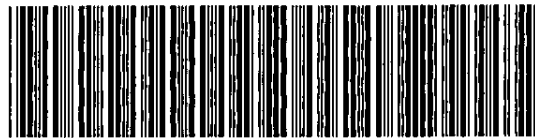
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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NOV 17 2014

T. SCOTT



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NOV 10 AM 11:05

STATE OF TEXAS  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**COVER LETTER**

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

**SUBJECT: RED BARN PETTING FARM, INCORPORATED**  
**(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: **CHARLES DAVIDSON**  
Name (Printed or typed)

**3902 E BLOOMINGDALE AVE**  
Address

**VALRICO FLORIDA 33596**  
City, State & Zip

**8132938075**  
Daytime Telephone number

**GOVEN2003@HOTMAIL.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** RED BARN PETTING FARM, INCORPORATED  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 3902 E BLOOMINGDALE AVE  
VALRICO FLORIDA 33596  
Mailing address, if different is: SAME

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: TO OPEN A BANK ACCOUNT AND TO COMPLY WITH IRS RULES.

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SECRETARY OF STATE

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	<u>CHARLES DAVIDSON, CHIEF EXECUTIVE OFFICER</u>	Name and Title:	<u>ANNIE DAVIDSON, PRESIDENT</u>
Address	<u>3902 E BLOOMINGDALE AVE</u> <u>VALRICO FLORIDA 33596</u>	Address:	<u>3902 E BLOOMINGDALE AVE</u> <u>VALRICO FLORIDA 33596</u>

Name and Title:	<u>DEBRA DAVIDSON, DIRECTOR</u>	Name and Title:	_____
Address	<u>POB 1534</u> <u>BROOKSVILLE FLORIDA 34605</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

(conti.)

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: CHARLES DAVIDSON  
 Address: 3902 E BLOOMINGDALE AVE  
VALRICO FLORIDA 33596

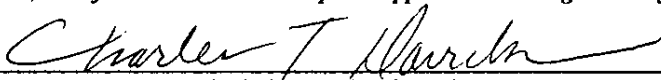
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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

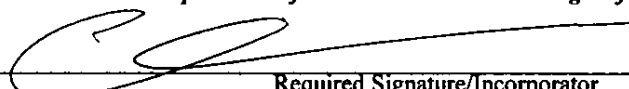
Name: DEBRA DAVIDSON  
 Address: POB 1534  
BROOKSVILLE FLORIDA 34605

*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

11-1-2014  
 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

11-1-14  
 Date