

P12000002026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

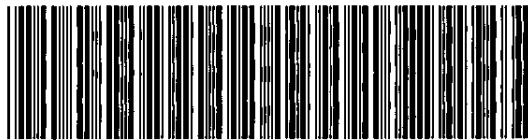
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
12 JAN -9 AM 10: 57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 JAN -9 AM 11: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CA

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

ARTICLE I NAME Saddle Up Development Corporation
The name of the corporation shall be:

FILED

ARTICLE II PRINCIPAL OFFICE
Principal street address
8885 Caledonian Ct.
Tallahassee, FL 32312

Mailing address, if different
12 JAN 19 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The transaction of any and all lawful businesses for which a corporation may be incorporated under the laws of the state of Florida.

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carl Nordhielm, Pres/Sec/Director Name and Title: _____
Address: 8885 Caledonian Ct. Address: _____
Tallahassee, FL 32312

Name and Title: Dr. Louis Bolen, VP/Director Name and Title: _____
Address: 8880 Caledonian Ct. Address: _____
Tallahassee, FL 32312

Name and Title: Preston Kirby, Treasurer/Director Name and Title: _____
Address: 12 Blenheim Ct. Address: _____
Arden, NC 28704

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

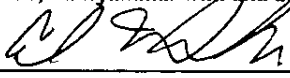
Name: Carl Nordhielm
Address: 8885 Caledonian Ct.
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carl Nordhielm
Address: 8885 Caledonian Ct.
Tallahassee, FL 32312

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

1/9/12

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

1/9/12

Date