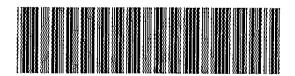
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(Requestor's Name)				
(Address)				
(Address)				
( Lawyer)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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# TRANSMITTAL LETTER

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

(I NOI OSED COM ONATE HAME - MOST INCLODE SUFFIX)				
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
ED O. f	Come & Math		inter Horses, Inc	
FROM:	Name (	(Printed or typed)	ILIEL HOISES, II C	
1812 "B" Row				
Loxabatchee FL 33470				
561, 303, 222				

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

FILED

#### ARTICLES OF INCORPORATION

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

03 JUL 31 AM 11:28

### ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Hewith Quarter Horses, Inc

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1812 "B" Road

Loxahatchee, FL 33470

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Boarding, showing of the American Quarter Horse.

# ARTICLE IV SHARES

The number of shares of stock is:

1000 shares

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Gary A. Moth

15470 Los Angeles Drive

Loxahatchee, FL 33470

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Gary A. Mott 15470 Los Angeles Drive Loxahatchee, FL 33470

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bary A. Noth 15470 Los Angeles Drive Loxahatchee, FL 33470

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 withfand accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

Date