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(Requestor's Name)
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, ,
(City/State/Zip/Phone #)
(012)/02110/21/07/10110/1/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

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

osed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM: JE	EANETTE KUSZLYK		
_ _ _	Name	(Printed or typed)	
	511 6TH STREET NE		
•	· 	Address	
	NAPLES, FL 34120		
•	City,	State & Zip	
	239-571-2531		
_		elephone number	

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: STEPPING UP STABLES INC

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SECRETANT OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 511 6TH STREET NE NAPLES, FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HOLDING COMPANY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): JEANETTE KUSZLYK- PRESIDENT, SECRETARY 511 6TH STREET NE NAPLES, FL 34120

ARTICLE VI REGISTERED AGENT

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

JEANETTE KUSZLYK 511 6TH STREET NE NAPLES, FL 34120

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JEANETTE KUSZLYK 511 6TH STREET NE NAPLES, FL 34120

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

Signature/Registered Agent

ignature/Incorporator

Date

Date