| (Re                                     | questor's Name)    |           |  |  |
|---|--------------------|-----------|--|--|
| (Âd                                     | dress)             |           |  |  |
| (Ad                                     | dress)             |           |  |  |
| (Cit                                    | y/State/Zip/Phone  | #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                                     | siness Entity Name | e)        |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | Certificates       | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |

Office Use Only



100025784321

01/02/04--01026--013 \*\*78.75

ECSETARY OF STATE

Artialor.

# TRANSMITTAL LETTER

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

| SUBJECT: SCH            | IOMBURG FARMS INC                            |  |  |  |
|-------------------------|--|--|--|--|
|                         | (PROPOSED CORPORA                            | TE NAME – <u>MUST INCL</u>                         | UDE SUFFLX)  |  |
|                         |  |  |  |  |
| Enclosed are an orig    | ginal and one (1) copy of the arti           | cles of incorporation and                          | a check for:   |  |
| ☐ \$70.00<br>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  PPY REQUIRED |  |
| FROM: D                 | OONNA SCHOMBURG                              |  |  |  |
| - 1101/1 <u>_</u>       | Name   | (Printed or typed)                                 |  |  |
|                         | 2504 24TH AVE E                              |  |  |  |
| Address                 |  |  |  |  |
|                         | PALMETTO FL 34221                            | , State & Zip                                      | <u></u>  |  |
|                         | City,  | , State & Zip                                      |  |  |
|                         | 941-729-2884                                 | <u></u>  |  |  |
|                         | Daytime 1                                    | Celenhone 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)

FILED

ARTICLE I NAME

The name of the corporation shall be: SCHOMBURG FARMS INC

04 JAN -2 PM 12: 23

SECRETARY OF STATE FALLAHASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2504 24TH AVE E PALMETTO FL 34221

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HORSE FARM, BOARDING FACILITY

### 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): DONNA SCHOMBURG 2504 24TH AVE E PALMETTO FL 34221

#### ARTICLE VI REGISTERED AGENT

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

CHARLES JOHNSTON 8003 US 301 N STE B1 PARRISH FL 34219

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DONNA SCHOMBURG 2504 24TH AVE E PALMETTO FL 34221

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 Date

12-30-03

Date

12-30-03

Date

12-30-03

Date