

P05000022195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP



WAIT



MAIL

(Business Entity Name)

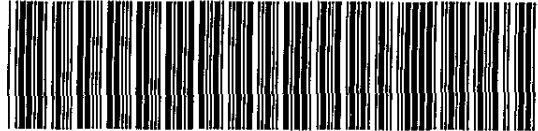
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2-11-05
B

TRANSMITTAL LETTER

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

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: EQUESTRIAN Style, Inc.
Name (Printed or typed)

P.O. Box 6029
Address

Ocala, FL 34478
City, State & Zip

888-808-2328
Daytime Telephone 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:

Equestrian Style, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 6029
Ocala, FL 34478

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Advertising

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Julie Haag, President
P.O. Box 6029
Ocala, FL 34478

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Julie Haag
6306 NE Jacksonville Rd.
Ocala, FL 34479

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Julie Haag
6306 NE Jacksonville Rd.
Ocala, FL 34479

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

2-11-05
Date


Signature/Incorporator

2-11-05
Date