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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2005 MAY 10 A 9:11

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TRANSMITTAL LETTER

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

SUBJECT: SPELLBOUND FARMS INC. EIN 20-2638535
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: PETRA M. WILDER
Name (Printed or typed)

17090 55th PLACE
Address

McALPIN, FL 32062
City, State & Zip

(386) 697-4931
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 15, 2005

PETRA M. WILDER
17090 55TH PLACE
MCALPIN, FL 32062

SUBJECT: SPELLBOUND FARMS INC.
Ref. Number: W05000019282

We have received your document for SPELLBOUND FARMS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 705A00026033

Enclosed is the requested document.

I hope, this will satisfy all necessary requirements.

Thank you for your help.

Sincerely,

Petra M. Wilder,

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:

SPELLBOUND FARMS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2109 W US Hwy 90 Suite 170-107
LAKE CITY, FL 32055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HORSE FARM ; TRAINING

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PETRA M. WILDER, PRESIDENT & CEO
17090 55th PLACE
McALPIN, FL 32062

ARTICLE VI REGISTERED AGENT

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

PETRA M. WILDER
17090 55th PLACE
McALPIN, FL 32062

I hereby am familiar with and accept the
duties and responsibilities of Registered Agent

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PETRA M. WILDER
17090 55th PLACE
McALPIN, FL 32062

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

Petra M. Wilder

Signature/Registered Agent

05-04-05

Date

Petra M. Wilder

Signature/Incorporator

04-07-05

Date

FILED

2005 MAY 10 A 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA