

P05000092101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

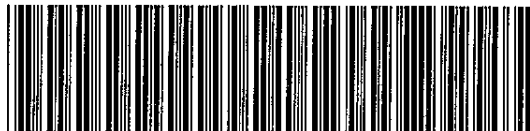
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28.6-2

TRANSMITTAL LETTER

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

SUBJECT: Sunny Times Stables INC.

(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: Linda J Sistarelli

Name (Printed or typed)

2901 SW Lakemont Pl

Address

Palm City, FL 34990

City, State & Zip

772-621-0067

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:

Sunny Times Stables INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2901 SW Lakemont PL., Palm City, FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct a horse training/ riding instruction business.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Linda J Sistarelli CEO

Lee G Sistarelli Manager

ARTICLE VI REGISTERED AGENT

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

Linda J Sistarelli CEO

2901 SW Lakemont PL., Palm City, FL 34990


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

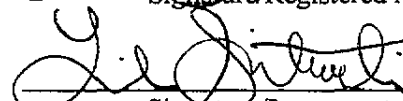
Linda J Sistarelli CEO

2901 SW Lakemont PL., Palm City, FL 34990

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

 LINDA SISTARELLI
Signature/Registered Agent

6/25/05
Date

 LINDA SISTARELLI
Signature/Incorporator

6/25/05
Date

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TALLAHASSEE, FLORIDA