# P05000106428

(Requestor's Name)				
(Ad	dress)			
Ç., <u>-</u>				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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## TRANSMITTAL LETTER

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

SUBJECT: SADLE	R'S TACK,	, INC.	
Enclosed is an origina	l and one (1	) copy of the articles of in	ncorporation and a check for:
S70.00 Filing Fee	X \$78.7 Filing Fee & Certifica	Filing Fee	\$131.25 Filing Fee Certified Copy & Certificate
FR	OM: S	COTT B SADLER  Name (printed or typed	)
	P	.O. BOX 17	
		Address	
	<u>N</u>	/AYO, FL 32066	
		City, State & Zip	
	(3	186) 330-4322	
		Daytime Telephone Nui	mber

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

## **ARTICLES OF INCORPORATION**

FILED

05 JUL 29 PM 1:50

The undersigned incorporator(s), for the purpose of forming a corporation under the MATE Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: SADLER'S TACK, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. BOX 17 MAYO, FL 32066

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES PAR VALUE \$1.00

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BARBARA COULTHURST 172 W MAIN STREET MAYO, FL 32066

#### ARTICLE V INCORPORATOR(S)

The name(s) and street addresses of the incorporator(s) to these Articles of Incorporation are:

## PRESIDENT/DIRECTOR

SCOTT B SADLER P.O. BOX 17 MAYO, FL 32066

## ARTICLE VI NATURE OF BUSINESS

The general nature of business of this corporation is to transact any and all lawful business.

The undersigned incorporators have executed these Articles of Incorporation this

26th day of JULY , 2005

Sett Saller

Signature

#### **CERTIFICATE OF DESIGNATION OF**

#### REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

SADLER'S TACK, INC.	1. The name of the corpo
·	
stered agent and office is:	2. The name and address
RBARA COULTHURST	
(Name)	
W MAIN STREET	
(P.O. Box <u>not</u> acceptable)	
YO, FL 32066	
(City/State/Zip)	
(P.O. Box <u>not</u> acceptable)  AYO, FL 32066	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registere agent and agree to act in this capacity. I further agree to comply with the provisions of all statute relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

BE Coulthurst	7/24/05
(Signature)	(Date)