

## Florida Department of State **Division of Corporations Public Access System**

## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000188646 3)))



HD60001886483ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)205-0381

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305) 634-3694

: (305)633-9696 Fax Number

## FLORIDA PROFIT/NON PROFIT CORPORATION

watch hill saddlebreds, inc.

Certificate of Status	0
Certified Copy	1
Page Count	. 03
Estimated Charge	\$78.75

- 10 m 1 m 1
~ #ECOMB#
, 8
$\mathbf{m}$
:• • •

HOUDOI	886046	)
	·	

•			
	H00000188	LOY	(
(3)	ARTICLES OF INCORPORATION	TALLAH	90
	(PRINT [capital letters in black ink] or type)	A.E.	JUL 25
ARI	THE name of the Corporation shall be:	TARY OF ASSEE,	25 PM
	Watch Hill Saddlebreds, Inc.		
ARI	TICHE II - CORPORATE POWERS:  The Corporation is organized for the purpose of tany and all business, for which a corporation may be in the State of Florida.	ORI Fransacti organiz	in <del>g</del>
	(Profession, if a P.A.: (		
AR	TICLE III - CAPITAL STOCK: The authorized capital stock of the Corporation shall 5,000 shares of common stock, with a par value of share. The Corporation plans to initially issue	31 per = 1,000	
	shares, reserving the balance for subsequent issuant		
ART	ricle IV - Incorporator/Director/Registered Agent/Adi /PRINCIPAL ADDRESS:		
	IN WITNESS WHEREOF, this is to certify that the incomporator, who shall also serve as initial of the state of	director	and
			ا فد حد ح

registered agent, hereby makes, subscribes, acknowledges and files these Articles of Incorporation, in order to form a corporation under the laws of the State of Florida, and hereby accepts designation as registered agent.

NAME (Signature)

**ADDRESS** 

5521 N University Dr Ste 203 (STREET address)

Thomas Olson

(Name)

Coral Springs FL 33067

(City, State, Zip)

STATE OF FLORIDA 1

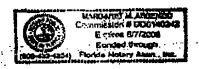
COUNTY OF Broward ]

100

SWORN TO AND SUBSCRIBED before me, this  $\frac{24}{4}$  day of  $\frac{4}{4}$ 

2006.

Prepared by Martin R. Rappaport CPA PA 5521 N University Dr. 203 Coral Springs FL 33067 (954) 755-3305



E0\S0.9

EMPIRE CORP

100-S2-S006 12:31

## H06000188646

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.0202 Florida Statutes, the following is submitted, in compliance with said Act:

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Signature Registered Agent

O6 JUL 25 PM 1: 16

H06000/886646