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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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O7 JAN 25 AM II: I

SECRETARY OF STA
TALLAHASSEE FLOOR

COVER LETTER

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

| SUBJECT: FLYI | NG FISCH FARM, INC. | | | |
|-------------------------|-------------------------------------|----------------------------|------------------|--|
| | (PROPOSED CORPORA) | te name – <u>Must Incl</u> | UDESUFFIX) | |
| | | | | |
| | | | | |
| Enclosed are an orig | ginal and one (1) copy of the artic | les of incorporation and | l a check for: | |
| \$70.00 | \$78.75 | \$78.75 | ₹87.50 | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | |
| 1 mang 1 cc | & Certificate of Status | & Certified Copy | Certified Copy | |
| | | o corazion cop, | & Certificate of | |
| | • | | Status | |
| | | ADDITIONAL CO | | |
| | | | | |
| | | | | |
| | | | | |
| FROM: S | TEPHEN D. FISCH, DVM | | | |
| Name (Printed or typed) | | | | |
| | | | | |
| | 9085 MAGNOLIA HILL DR. | | | |
| Address | | | | |
| | WALLALIA GOTTO THE ADDRESS | | | |
| | TALLAHASSEE, FL. 32309 | | | |
| | City, | State & Zip | | |
| | 850-386-3619 | | | |
| | Daytime To | elephone 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:

FLYING FISCH FARM, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9085 MAGNOLIA HILL DR. TALLAHASSEE, FL. 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR BREEDING, CARE, AND TRAINING OF HORSES

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES OF NO PAR STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

STEPHEN D. FISCH, DVM, PRESIDENT/SECT/DIRECTOR 9085 MAGNOLIA DR.

TALLAHASSEE, FL. 32309

ARTICLE VI REGISTERED AGENT

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

STEPHEN D. FISCH, 9085 MAGNOLIA HILL DR. TALLAHASSEE, FL. 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEPHEN D. FISCH, 9085 MAGNOLIA HILL DR. TALLAHASSEE, FL 32309

| Having been named as registered agent to accept service of process for a certificate, I am familiar with and accept the appointment as registered ag | |
|--|-----------|
| STATOPA | 1/24/2007 |
| Signature/Registered Agent | Date |
| Signature/Incorporator | |