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(Requestor's Name)

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(City/State/Zip/Phone #)

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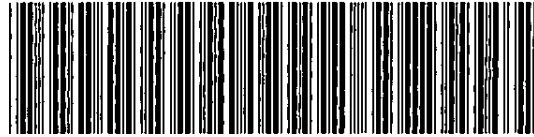
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. WHITE NOV -6 2007

COVER LETTER

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

SUBJECT: ABEL Equestrian Services, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Louise Kubunski and JoAnn Tomer
Name (Printed or typed)

4834 Stone Ridge Cir.
Address

Sarasota, Fl. 34232
City, State & Zip

941 - 228-6661
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:

ABEL Equestrian Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4834 Stone Ridge Cir.
Sarasota, FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Equine-facilitated mental health therapy

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Louise Kubinski - President
363 Woodvale Dr.
Venice, FL 34293

JoAnn Tomer - Secretary/Treasurer
4834 Stone Ridge Cir.
Sarasota, FL 34232

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

JoAnn Tomer
4834 Stone Ridge Cir.
Sarasota, FL 34232

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Louise Kubinski
363 Woodvale Dr.
Venice, FL 34293

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

JoAnn Tomer
Signature/Registered Agent JoAnn Tomer

10/29/07
Date

Louise Kubinski
Signature/Incorporator Louise Kubinski

10/29/07
Date

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TALLAHASSEE, FLORIDA