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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 NOV 13 PM 2:59

APPROVED
AND
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COVER LETTER

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

SUBJECT: Elite Equine, 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Charles R. L. White, Esq.

Name (Printed or typed)

941 North Highway A1A

Address

Jupiter, FL 33477

City, State & Zip

561-747-7300

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:

Elite Equine, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

638 U.S. Highway One North, No. 143

Tequesta, FL 33469

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Engage in any lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sole Officer and Director:

Carol S. Nyren

638 U.S. Highway One North, No. 143

Tequesta, FL 33469

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TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

Charles R. L. White
941 North Highway A1A
Jupiter, FL 33477

ARTICLE VII INCORPORATOR


The **name and address** of the Incorporator is:

Charles R. L. White
941 North Highway A1A
Jupiter, FL 33477

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



Signature/Registered Agent



Signature/Incorporator



Date



Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED