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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

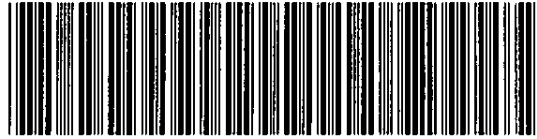
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 MAY -5 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/7
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COVER LETTER

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

SUBJECT: HORSE NAROUND CAMP 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: KAREN LEDFORD

Name (Printed or typed)

14850 107TH STREET

Address

FELLSMERE, FL 32948

City, State & Zip

7724730792

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:

HORSE NAROUND CAMP INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

14850 107TH STREET, FELLSMERE, FL 32948

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL PURPOSES ALLOWED BY LAW IN THE STATE OF FLORIDA

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):

KAREN W. LEDFORD
14850 107TH STREET
FELLSMERE, FLORIDA 32948
PRESIDENT/DIRECTOR

ARTICLE VI REGISTERED AGENT

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

KAREN W. LEDFORD
14850 107TH STREET
FELLSMERE, FLORIDA 32948

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KAREN W. LEDFORD
14850 107TH STREET
FELLSMERE FLORIDA 32948

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

Karen W. Leford
Signature/Registered Agent

Karen W. Leford
Signature/Incorporator

4/30/08

Date

4/30/08

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -5 PM 12:54

FILED