

P09000052287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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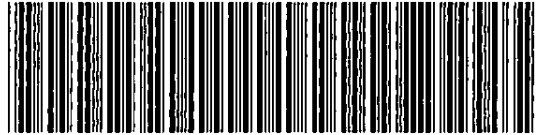
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/29/09--01006--009 **78.75

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09 JUN 12 AM 3:50

PA

COVER LETTER

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

SUBJECT: CENTRAL FLORIDA EQUINE DISTRIBUTORS, 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: RICHARD DAVID HIGGINS
Name (Printed or typed)

219 N. HIGHLAND AVE.
Address

WINTER GARDEN, FLORIDA 34787
City, State & Zip

407-948-7042

Daytime Telephone number

rickhiggins@sprint.blackberry.net

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2009

RICHARD DAVID HIGGINS
219 N HIGHLAND AVE
WINTER GARDEN, FL 34787

SUBJECT: CENTRAL FLORIDA EQUINE DISTRIBUTORS, INC.
Ref. Number: W09000025446

We have received your document for CENTRAL FLORIDA EQUINE DISTRIBUTORS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 909A00018339

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:

Central Florida Equine Distributors Inc.

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COUNTY OF ST. JAMES
FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

219 N. Highland Ave.
Winter Garden, FL 34787

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Services and Materials to the equine industry

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of stock will be issued

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Richard David Higgins President

ARTICLE VI REGISTERED AGENT

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

Richard David Higgins
219 N. Highland Ave.
Winter Garden, FL 34787

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Richard David Higgins
219 N. Highland Ave.
Winter Garden, FL 34787

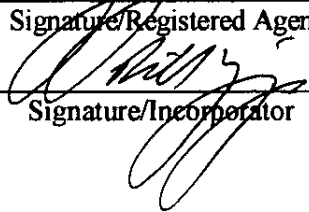
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5-21-09

Date



Signature/Incorporator

5-21-09

Date