# P09000070217

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)	•				
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

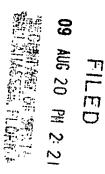
Office Use Only

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11CL 8-20-09

# **COVER LETTER**

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

SUBJECT:	Extreme Equine Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:		e (Printed or typed)		
<del></del>		idie Creek Piace Address		
	Saraso	ota, FL 34241		
	574	-529-4987 Telephone number	<del></del>	
		r@hotmail.com	notification)	

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





### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 10, 2009

RENEE L. RINKER 7517 SADDLE CREEK PLACE SARASOTA, FL 34241

SUBJECT: EXTREME EQUINE INC. Ref. Number: W09000036093

We have received your document for EXTREME EQUINE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6869.

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Christine Haney OPS Clerk \ New Filing Section

Letter Number: 309A00027184



#### 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:

Extreme Equine Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

5753 TRUPICARE BLVD. NORTH PORT, FLD 34286

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide activities for people and horses, horse entertainment, trail rides, camping, eventing, social gatherings, horse shows, hay rides, training, clinics, fund raising, rodeos, sell merchandise, charities, concessions, benefits, leasing property, leasing equipment, leasing horses, teaching, judging,

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):

Renee L. Rinker, President: 7517 Saddle Creek Place, Sarasota, FL 34241

Sherry J. Buettner, Vice President: 5753 Tropicare Blvd., North Port, FL 34286

Susan S. Wunderlich, Secretary/Treasurer: 15300 North River Rd., Alva, FL 33920

#### ARTICLE VI REGISTERED AGENT

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

Renee L. Rinker, 7517 Saddle Creek Place, Sarasota, FL 34241

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Susan S. Wunderlich: 15300 North River Rd., Alva, FL 33920

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

SUSAN S. WUNDERLICH

7/30/09 Date

7-15-09

Date

+

Article III Purpose

Continued:

Association memberships, memberships, classes, horse riding, camps, and cookouts.

FILED

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