

PII 0000004681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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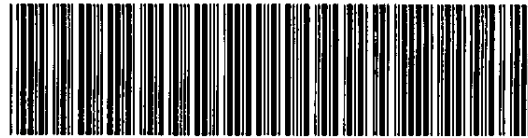
(Business Entity Name)

(Document Number)

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2011 JAN 13 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

McKnight JAN 14 2011

COVER LETTER

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

SUBJECT: AFRCHA-DRCHA, 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: MICHELE MARSHALL

Name (Printed or typed)

P.O. BOX 2549

Address

FORT PIERCE, FL. 34954

City, State & Zip

772-201-7124

Daytime Telephone number

MICHELE@AFRCHA.COM

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

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

AFRCHA-DRCHA, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
498 MAPLE AVE
FT. PIERCE, FL. 34982

Mailing address, if different is:

P.O. BOX 2549
FT. PIERCE, FL. 34954

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HORSE SHOWS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRAD PAGH - PD
Address: 8107 NW 47TH STREET
OCALA, FL. 34482

Name and Title: MICHELE MARSHALL - SD
Address: 32801 HWY 441 N. #171
OKEECHOBEE, FL. 34972

Name and Title: ROBIN FAY - VD
Address: 1145 RAMBLEBROOK ST
MALABAR, FL. 32950

Name and Title: CHRIS BROWN - D
Address: 15871 CR 675
PARRISH, FL. 34219

Name and Title: MIKE BAGGETT - D
Address: 275 SW 60TH AVE
GAINESVILLE, FL. 34474

Name and Title: STEVE TABER - D
Address: 5310 NW 8TH AVE
GAINESVILLE, FL. 32605

ARTICLE VI REGISTERED AGENT

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

Name: MICHELE MARSHALL
Address: 32801 HWY 441 N. #171
OKEECHOBEE, FL. 34972

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHELE MARSHALL
Address: 32801 HWY 441 N. #171
OKEECHOBEE, FL. 34972

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



Required Signature/Registered Agent

JANUARY 7, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

JANUARY 7, 2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA