

P12000002026

(Requestor's Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1A

**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: **Saddle Up Development Corporation**

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
**8885 Caledonian Ct.**  
**Tallahassee, FL 32312**

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MAILING address, if different  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The transaction of any and all lawful businesses for which a corporation may be incorporated under the laws of the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: **200**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <b>Carl Nordhielm, Pres/Sec/Director</b>	Name and Title: _____
Address: <b>8885 Caledonian Ct.</b>	Address: _____
<b>Tallahassee, FL 32312</b>	_____
_____	_____

Name and Title: <b>Dr. Louis Bolen, VP/Director</b>	Name and Title: _____
Address: <b>8880 Caledonian Ct.</b>	Address: _____
<b>Tallahassee, FL 32312</b>	_____
_____	_____

Name and Title: <b>Preston Kirby, Treasurer/Director</b>	Name and Title: _____
Address: <b>12 Blenheim Ct.</b>	Address: _____
<b>Arden, NC 28704</b>	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

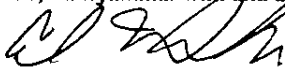
Name: **Carl Nordhielm**  
Address: **8885 Caledonian Ct.**  
**Tallahassee, FL 32312**

**ARTICLE VII INCORPORATOR**

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

Name: **Carl Nordhielm**  
Address: **8885 Caledonian Ct.**  
**Tallahassee, FL 32312**

*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

1/9/12

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

1/9/12

Date