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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT: NOBLES RACING STABLE 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: **NOBLES RACING STABLE INC**

Name (Printed or typed)

**2851 ROCK ISLAND RD SUITE 209**

Address

**MARGATE, FL 33063**

City, State & Zip

**732-829-6617**

Daytime Telephone number

**NOBLESRACINGSTABLE@YAHOO.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** NOBLES RACING STABLE INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2851 ROCK ISLAND RD STE 209  
MARGATE, FL 33063

Mailing address, if different is:

2851 ROCK ISLAND RD STE 209  
MARGATE, FL 33063

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**HORSE TRAINING**

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: REYNALDO H NOBLES - P  
Address: 2851 ROCK ISLAND RD  
SUITE 209  
MARGATE, FL 33063

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: CYNTHIA M JONES -VP  
Address: 2851 ROCK ISLAND RD  
SUITE 209  
MARGATE, FL 33063

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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


Name: REYNALDO H NOBLES  
Address: 2851 ROCK ISLAND RD SUITE 209  
MARGATE, FL 33063

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

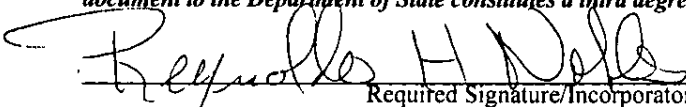
Name: REYNALDO H NOBLES  
Address: 2851 ROCK ISLAND RD SUITE 209  
MARGATE, FL 33063

*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

02/08/2012  
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

02/08/2012  
Date