

P 12000015393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

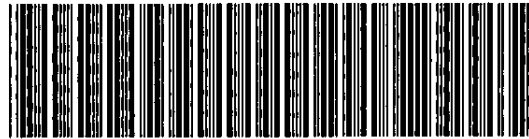
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 15 AM 10:42

BM 2/15/12

COVER LETTER

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

SUBJECT: Crystals Horseshoeing Service, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Crystals Horseshoeing Service, Inc.
Name (Printed or typed)

24825 Audrey Road
Address

Land O Lakes FL 34639
City, State & Zip

(813)995-7069
Daytime Telephone number

john@imitchellfinancial.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

The name of the corporation shall be: Crystals Horseshoeing Service, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
24825 Audrey Road
Land O Lakes FL 34639

Mailing address, if different is:
24825 Audrey Road
Land O Lakes FL 34639

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Provide Horseshoeing Service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Crystal Slaunwhite</u>	Name and Title: _____
Address: <u>24825 Audrey Road</u>	Address: _____
<u>Land O Lakes FL 34639</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: John Mitchell
Address: 27221 State Rd. 56, Suite 147
Wesley Chapel FL 33544

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Mitchell
Address: 27221 State Rd. 56, Suite 147
Wesley Chapel FL 33544

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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

John Mitchell
Required Signature/Registered Agent

1/31/2012
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.

John Mitchell
Required Signature/Incorporator

1/31/2012
Date