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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: Pony 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: Joe Adams
Name (Printed or typed)

3308 W. Flagler Street
Address

Miami, FL 33135
City, State & Zip

Daytime Telephone number

jjadams04@hotmail.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

Pony Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3308 W. Flagler Street
Miami, FL 33135

Mailing address, if different is:

7891 West Flagler Street #513
Miami, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Consulting Services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joe Adams, President & Secretary
Address: 10822 N. Kendall Drive Apt. Q21
Miami, FL 33183

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Joe Adams
Address: 3308 West Flagler Street
Miami, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joe Adams
Address: 3308 West Flagler Street
Miami, FL 33135

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

✓ Joe Adams
Required Signature/Registered Agent

02/09/12

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.

✓ Joe Adams
Required Signature/Incorporator

02/09/12

Date

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TALLAHASSEE, FL 32399