

P12000039823

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED APR 27 2012

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ABERDEAN RIDING ACADEMY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

12 APR 27 PM 3:14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS4/30
8

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME ABERDEAN RIDING ACADEMY, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
16668 WINNERS CIR
DELRAY BEACH, FL 33446

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shonna Priscilla Romani (P)	Name and Title:
Address: 16668 WINNERS CIR	Address:
DELRAY BEACH, FL 33446	

Name and Title: Alejandro Federico Romani (VP)	Name and Title:
Address: 16668 WINNERS CIR	Address:
DELRAY BEACH, FL 33446	

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: SHONNA PRISCILLA ROMANI
Address: 16668 WINNERS CIR
DELRAY BEACH, FL 33446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEJANDRO FEDERICO ROMANI
Address: 16668 WINNERS CIR
DELRAY BEACH, FL 33446

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

04/27/2012

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

04/27/2012

Date

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