

PI2000057175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

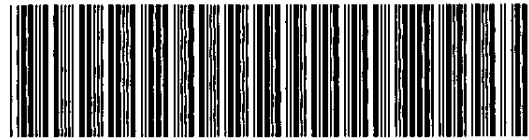
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 JUN 25 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

144

**COVER LETTER**

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

**SUBJECT: MICHAEL N. DILGER RACING STABLES 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 type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| <b>ADDITIONAL COPY REQUIRED</b>                              |  |

FROM: F T CROWLEY CO INC  
Name (Printed or typed)

324 GROUNDHOG COLLEGE ROAD  
Address

WEST CHESTER PA 19382  
City, State & Zip

610-793-1315  
Daytime Telephone number

ftcrowleyco@verizon.net  
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**

**MICHAEL N DILGER RACING STABLES INC**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
14155 EQUESTRIAN WAY  
WELLINGTON FL 33414

Mailing address, if different is:  
324 GROUNDHOG COLLEGE ROAD  
WEST CHESTER PA 1382

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**TRAINING RACE HORSES**

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**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: MICHAEL N DILGER, PRESIDENT  
Address: 14155 EQUESTRIAN WAY  
WELLINGTON FL 33414

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: NRAI SERVICES INC  
Address: 515 EAST PARK AVENUE  
TALLAHASSEE FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: F T CROWLEY CO INC  
Address: 324 GROUNDHOG COLLEGE ROAD  
WEST CHESTER PA 19382

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

Xonda Diven Asst Sec  
Required Signature/Registered Agent

6/19/12  
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.

Joan Crowley  
Required Signature/Incorporator

6/19/12  
Date