

P12000063875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

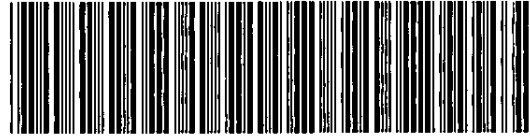
(Business Entity Name)

(Document Number)

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

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07/09/12--01010--001 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 20 AM 11:48

Ps 7/23/12  
20391



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 JUL 20 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 10, 2012

ROBERT CHRISTENSEN  
P O BOX 415  
HOMOSASSA SPRINGS, FL 34447

SUBJECT: DOLPHIN STABLES, INC.  
Ref. Number: W12000036391

We have received your document for DOLPHIN STABLES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 412A00018425

*The Law Office of*  
***Robert S. Christensen***

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*P.O. Box 415 • Homosassa Springs, Florida 34447*  
*Ph. 352.382.7934 • Fax 352.382.7936*

July 17, 2012

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: DOLPHIN STABLES, INC.  
Reference No.: W12000036391

To Whom It May Concern:

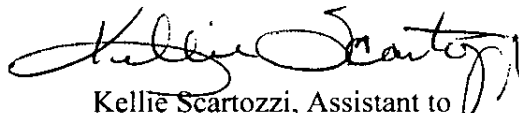
Please find enclosed the revised Articles of Incorporation for the above-referenced Corporation.

Also enclosed for your reference is a copy of the correspondence received from your office.

If you have any questions, please do not hesitate to contact our office.

Thank you.

Sincerely,



Kelli Scartozzi, Assistant to  
ROBERT S. CHRISTENSEN, ESQ.

/ks  
Enc.

## COVER LETTER

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

SUBJECT: Dolphin 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

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Robert Christensen

Name (Printed or typed)

PO Box 415

Address

Homosassa Springs, FL 34447

City, State & Zip

352/382-7934

Daytime Telephone number

christensenlaw@earthlink.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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Dolphin Stables, Inc.

12 JUL 20 AM 11:48

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8001 S. Suncoast Blvd.  
Homosassa, FL 34446

Mailing address, if different is:  
PO Box 415  
Homosassa Springs, FL 34447

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
GENERAL

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Robert Christensen, President  
Address: PO Box 415  
Homosassa Springs, FL 34447

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

Name and Title: Robert Christensen, Vice President  
Address: PO Box 415  
Homosassa Springs, FL 34447

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

Name and Title: Robert Christensen, Treasure  
Address: PO Box 415  
Homosassa Springs, FL 34447

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: ROBERT S. CHRISTENSEN, ESQ.  
Address: 8001 S. Suncoast Blvd  
Homosassa, FL 34446

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert Christensen  
Address: PO Box 415  
Homosassa Springs, FL 34447

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

7/6/12

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.

Required Signature/Incorporator

7/6/12

Date