

P/2000073110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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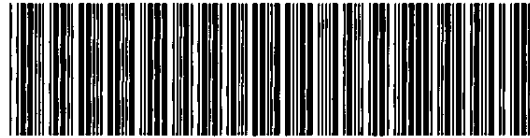
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 AUG 24 PM 3:32
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

✓ 08/27/12

COVER LETTER

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

SUBJECT: Antioch Equine Training Facility, 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: William S Stevens and James Felix

Name (Printed or typed)

12520 W Franklin Rd

Address

Thonotosassa, Florida 33592

City, State & Zip

813-244-2222 or 813-526-8392

Daytime Telephone number

bill@fdlawgroup.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: Antioch Equine Training Facility, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
12520 W Franklin Rd
Thonotosassa, Florida 33592

Mailing address, if different is:
12520 W Franklin Rd
Thonotosassa, Florida 33592

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Horse Training

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William S Stevens, President
Address: 11524 East US Highway 92
Suite 300
Seffner, Florida 33584

Name and Title: _____
Address: _____

Name and Title: James Felix, Vice President
Address: 11524 East US Highway 92
Suite 300
Seffner, Florida 33584

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: William S Stevens
Address: 11524 East US Highway 92 #300
Seffner, Florida 33584

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William S Stevens
Address: 11524 East US Highway 92 #300
Seffner, Florida 33584

12 AUG 24 PM 3:32
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

William S Stevens

Required Signature/Registered Agent

08/21/2012

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.

William S Stevens

Required Signature/Incorporator

08/21/2012

Date