

P 13000087270

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

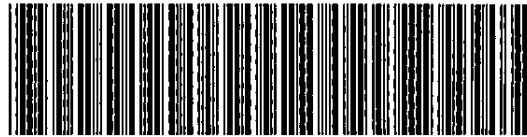
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800252720328

10/23/13--01014--013 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 23 PM 1:24

10/24/13

COVER LETTER

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

SUBJECT: Soul 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: Suzanne Lyn Hetrick  
Name (Printed or typed)

15105 Roberts Way  
Address

Loxahatchee FL 33470  
City, State & Zip

561 400 7897  
Daytime Telephone number

sserrano1@msn.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 23 PM 1:26

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: Soul Pony, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

13 OCT 23 PM 1:24  
Mailing address, if different is:

15105 Roberts Way  
Loxahatchee FL 33470

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide interaction with  
equine and persons wanting to explore the relationship  
between man and animal. The effect on the well  
being of the human is the primary goal  
of this interaction.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:	<u>Suzanne Hetrick</u>	Name and Title:	_____
	<u>President</u>		_____
Address	<u>15105 Roberts Way</u>	Address:	_____
	<u>Loxahatchee FL</u>		_____
	<u>33470</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

(conti.)

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: Suzanne Hetrick  
Address: 15105 Roberts Way  
Loxahatchee FL 33470

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Suzanne Hetrick  
Address: 15105 Roberts Way  
Loxahatchee FL 33470

*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*

Suzanne Hetrick  
Required Signature/Registered Agent

10/17/13  
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.*

Suzanne Hetrick  
Required Signature/Incorporator  
Suzanne Hetrick

10/17/13  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 23 PM 1:24