

P1400000L66659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

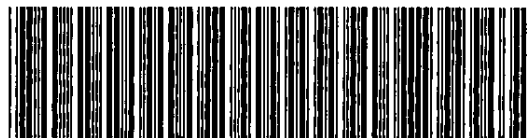
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600262358816

08/11/14--01026--002 **87.50

14 AUG 11 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **Equestrian Treats, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: **Justin Hickey**

Name (Printed or typed)

1617 N. Flagler Drive #602

Address

West Palm Beach FL 33407-6596

City, State & Zip

561-248-3344

Daytime Telephone number

justintime1017@gmail.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: Equestrian Treats, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1462 F Road

Loxahatchee, FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Delivery service to equestrian areas.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin Hickey, Pres

Name and Title: _____

Address 1617 N Flagler Dr #602

Address: _____

West Palm Beach, FL 33407

Name and Title: Mark Kaiser, V. Pres

Name and Title: _____

Address 1462 F Road

Address: _____

Loxahatchee, FL 33470

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

1 AUG 11 AM 11:22
STATE
FLORENCE FL 32213

(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: Justin Hickey

Address: 1617 N Flagler Dr #602

West Palm Beach, FL 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Justin Hickey

Address: 1617 N Flagler Dr #602

West Palm Beach, FL 33407


14 AUG 11 AM 11:22
SECRETARY OF STATE
PALM BEACH, 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


Required Signature/Registered Agent

8/4/14
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

8/4/14
Date