

P14000075063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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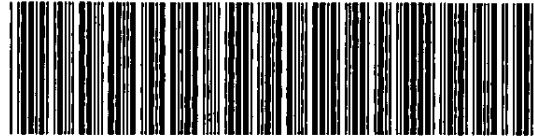
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FL 32304

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

HORSE RX, 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: \_\_\_\_\_

LISA GAYLORD

Name (Printed or typed)

11924 FOREST HILL BLVD.

Address

WELLINGTON, FLORIDA 33414

City, State & Zip

239-331-0466

Daytime Telephone number

LISAMARCHGAYLORD@MSN.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: HORSE Rx, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11924 FOREST HILL BLVD.  
WELLINGTON, FLORIDA 33414

11924 FOREST HILL BLVD.  
WELLINGTON, FL 33414

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE CORPORATION IS ORGANIZED FOR  
THE PURPOSE OF TRANSACTING ANY OR ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: WISA GAYLORD, BALCEMT Name and Title: \_\_\_\_\_

Address 11924 FOREST HILL BLVD Address: \_\_\_\_\_  
WELLINGTON, FLORIDA  
33414

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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STATE  
TREASURER  
FLORIDA

(cont.)

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: WISA GAYLORD  
Address: 11924 FOREST HILL BLVD.  
WELLINGTON, FL 33414

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WISA GAYLORD  
Address: 11924 FOREST HILL BLVD.  
WELLINGTON, FL 33414

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SECRETARY OF STATE  
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*

Wisa Gaylord 9-1-14  
Required Signature/Registered Agent 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.*

Wisa Gaylord 9-1-14  
Required Signature/Incorporator Date