

P140000092793

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(Business Entity Name)

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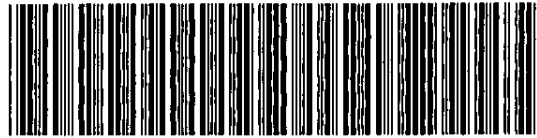
Certified Copies _____ Certificates of Status _____

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T. SCOTT



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DIVISION OF REVENUE
NOV 10 2014

COVER LETTER

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

SUBJECT: RED BARN PETTING FARM, INCORPORATED
(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: CHARLES DAVIDSON

Name (Printed or typed)

3902 E BLOOMINGDALE AVE

Address

VALRICO FLORIDA 33596

City, State & Zip

8132938075

Daytime Telephone number

GOVEN2003@HOTMAIL.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 RED BARN PETTING FARM, INCORPORATED
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address

3902 E BLOOMINGDALE AVE
VALRICO FLORIDA 33596

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPEN A BANK ACCOUNT AND TO COMPLY WITH IRS RULES.

NOV 10 AM 11:05

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES DAVIDSON, CHIEF EXECUTIVE OFFICER

Address: 3902 E BLOOMINGDALE AVE
VALRICO FLORIDA 33596

Name and Title: ANNIE DAVIDSON, PRESIDENT

Address: 3902 E BLOOMINGDALE AVE
VALRICO FLORIDA 33596

Name and Title: DEBRA DAVIDSON, DIRECTOR

Address: POB 1534
BROOKSVILLE FLORIDA 34605

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: CHARLES DAVIDSON
Address: 3902 E BLOOMINGDALE AVE
VALRICO FLORIDA 33596

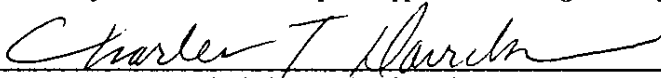
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: DEBRA DAVIDSON
Address: POB 1534
BROOKSVILLE FLORIDA 34605

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

11-1-2014
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

11-1-14
Date