

PH0000094740

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000271796 3)))



H140002717963AEC4

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ARGENT SKY EQUESTRIAN TRAINING CENTER CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED  
14 NOV 21 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H14000271798

11-21-14

**Florida Department of State**

Attention: New Filings Section

To whom it may concern:

Argent Sky Equestrian Training  
This is to advise you that the owners of Center Corp. of Doc #  
P13000097372 are the same owners of the attached articles of  
incorporation. We have dissolved the company and have no intention of reopening it. Thank  
you for your help in this matter.

Very Sincerely,

X E O

14 NOV 21 PM 5:32  
STATE  
DEPT. OF  
RECORDS  
FLORIDA

H14000271798

H14000271790

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME:** The name of the corporation is:Argent Sky Equestrian Training Center Corp.**ARTICLE II PRINCIPAL OFFICE:** TAX ID - 46-4254879

The principal street address and mailing address is:

15560 SW 137 COURTMIAMI FL 33177**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Esteban Sosa (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Esteban Sosa15560 SW 137 COURTMIAMI FL 33177**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Esteban Sosa15560 SW 137 COURTMIAMI FL 33177

H14000271798

H14000271795

**Required Signatures:**

***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***

X EO  
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.***

X EO  
Incorporator

\_\_\_\_\_  
Date

14 NOV 21 PM 5:33  
STATE  
DEPARTMENT  
TALLAHASSEE, FLORIDA

H14000271795