

P15000061226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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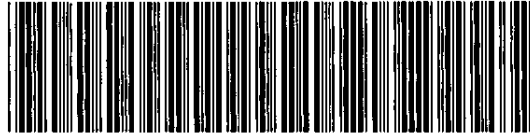
(Business Entity Name)

(Document Number)

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2015 JUL 17 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUL 22 2014  
C. CARROTHERS

## COVER LETTER

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

**SUBJECT:** Special Effort 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      ☒ \$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:** Laura Colon  
Name (Printed or typed)

20146 Bill Collins Rd  
Address

Eustis, Florida 32736  
City, State & Zip

352-408-5928  
Daytime Telephone number

lmacmacii@comcast.net  
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: Special Effort Farm, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
20146 Bill Collins Rd  
Eustis, Florida  
32736

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Horse Breeding

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Laura Colon, President

Address 20146 Bill Collins Rd

Eustis, Florida

32736

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

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

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

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

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2015 JUL 17 PM 12:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: Brian Lynn, CPA, PA  
Address: Two South University Drive, Suite 215  
Plantation, Florida 33324

**ARTICLE VII INCORPORATOR**

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

Name: Laura Colon  
Address: 20146 Bill Collins Rd  
Eustis, Florida 32736

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

***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***

Brian Lynn CPA, PA  
Required Signature/Registered Agent

7/14/15  
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.***

Laura Colon  
Required Signature/Incorporator

7/14/15  
Date