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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

****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
HORSELAND BARN, INC.**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 24 AM 8:03

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August 19, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BARINAS & ASSOCIATES, INC.

SUBJECT: HORSELAND BARN, INC
REF: W15000055314

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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Jessica A Fason
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TALLAHASSEE, FLORIDA

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: HORSELAND BARN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19750 SW 136 ST

MIAMI, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: _____

Address CARLOMILTON AGUILERA

Address: _____

19750 SW 136 ST

MIAMI, FL 33196

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida agent address (P.O. Box NOT acceptable) of the registered agent is:

Name: CARLOMILTON AGUILERA
 Address: 19750 SW 136 ST
MIAMI, FL 33196

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CARLOMILTON AGUILERA
 Address: 19750 SW 136 ST
MIAMI, FL 33196

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ARTICLE VIII EFFECTIVE DATE

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

(If an effective date is filed, 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 entered in this block does not meet the applicable statutory filing requirements, this date will not be treated 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 this appointment as registered agent and agree to act in this capacity.

[Signature]

Required Signature Registered Agent

08/13/2015

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. 817.135, F.S.

[Signature]

Required Signature Incorporator

08/13/2015

Date