

P15000073448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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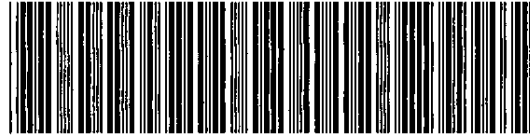
(Business Entity Name)

(Document Number)

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

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2015 AUG 31 AM 10:39  
SECRETARY OF STATE  
ALL AMESSES CLOUTIER

eff a/1 9/9/15

## COVER LETTER

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

**SUBJECT:** L Cross Equestrian Center, 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      ☐ \$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:** Francis E. Bass

\_\_\_\_\_  
Name (Printed or typed)

6375 SE 149th Ct. Rd

\_\_\_\_\_  
Address

Ocklawaha, FL 32179

\_\_\_\_\_  
City, State & Zip

352-625-4411

\_\_\_\_\_  
Daytime Telephone number

pholly4535@aol.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)

eff 9/1

**ARTICLE I NAME**

The name of the corporation shall be: L CROSS EQUESTRIAN CENTER, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

40810 Grays Airport Road

6375 SE 149th Ct. Rd.

Lady Lake, FL 32159

Ocklawaha, FL 32179

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business of a professional corporation.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

Name and Title: Francis E. Bass, President

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

Address 6375 SE 149th Ct. Rd

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

Ocklawaha, FL 32179

Name and Title: Candice L. Harper, Vice President

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

Address 36526 Tripp Ct.

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

Fruitland Park, FL 34731

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

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

Address \_\_\_\_\_

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

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: Francis E. Bass  
Address: 6375 SE 149th Ct. Rd.  
Ocklawaha, FL 32179

**ARTICLE VII INCORPORATOR**

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

Name: Francis E. Bass  
Address: 6375 SE 149th Ct. Rd.  
Ocklawaha, FL 32179

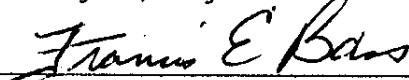
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: September 1, 2015 (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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

August 28, 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.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

August 28, 2015

\_\_\_\_\_  
Date