

P160000021175

(Requestor's Name)

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(Business Entity Name)

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COVER LETTER

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

SUBJECT: HORSE LADY GIFTS, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CYNTHIA HUGHES
Name (Printed or typed)

299 BELLAMY DR.
Address

MONTICELLO FL. 32344
City, State & Zip

850-342-1444 OR 850-997-1488
Daytime Telephone number

HORSELADYGIFTS@G-MAIL.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

The name of the corporation shall be: HORSE LADY GIFTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

299 BELLAMY DR
MONTICELLO FL. 32344

Mailing address, if different is:

PO BOX 42
MONTICELLO FL. 32345

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DESIGNING AND LIGHT MANUFACTURING
OF CRAFTS, JEWELRY + GIFTS - (NOT PRECIOUS)
METALS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CYNTHIA HUGHES PRES. Name and Title: TERENCE HUGHES V.P.

Address 299 BELLAMY DR Address: 299 BELLAMY DR
MONTICELLO FL. MONTICELLO FL.
32344 32344

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK

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: CYNTHIA HUGHES
Address: 299 BELLAMY DR.
MONTICELLO FL 32344

ARTICLE VII INCORPORATOR

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

Name: CYNTHIA HUGHES
Address: 299 BELLAMY DR.
MONTICELLO FL 32344

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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

 3/7/16
Required Signature/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.

 3/7/16
Required Signature/Incorporator Date