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05/24/16

COVER LETTER

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

SUBJECT: CZ DRIVING HORSES, 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: KAROLINA KARWOWSKA

Name (Printed or typed)

4950 N HARLEM AVE

Address

HARWOOD HEIGHTS, IL 60706

City, State & Zip

773-237-7400

Daytime Telephone number

KAZEKZUBEK@YAHOO.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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DIVISION OF CORPORATIONS
16 MAY 17 PM 2:23

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: CZ DRIVING HORSES, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
16870 SE CR 326 4950 N HARLEM AVE STE A
GULF HAMMOCK, FL 32639 HARWOOD HEIGHTS, IL 60706

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: HORSE CARE

ARTICLE IV SHARES 1,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>KAZIMIERZ ZUBEK, PRESIDENT</u>	Name and Title:	<u>DONNA PARA, SECRETARY</u>
Address	<u>4950 N HARLEM AVE STE A</u>	Address:	<u>4950 N HARLEM AVE STE A</u>
	<u>HARWOOD HEIGHTS, IL 60706</u>		<u>HARWOOD HEIGHTS, IL 60706</u>
	_____		_____

Name and Title:	<u>DONNA PARA, TREASURER</u>	Name and Title:	_____
Address	<u>4950 N HARLEM AVE STE A</u>	Address:	_____
	<u>HARWOOD HEIGHTS, IL 60706</u>		_____
	_____		_____

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: KAZIMIERZ ZUBEK
Address: 16870 SE CR 326
GULF HAMMOCK, FL 32639

ARTICLE VII INCORPORATOR

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

Name: KAZIMIERZ ZUBEK
Address: 4950 N HARLEM AVE STE A
HARWOOD HEIGHTS, IL 60706

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MAY 9TH, 2016 (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

05/09/2016

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

05/09/2016

Date

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SECRETARY OF STATE
MAY 10 2016
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