

# P/6 000072764

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

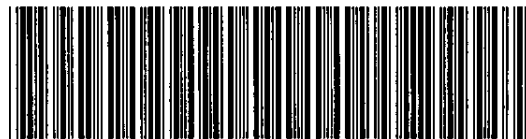
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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DIVISION OF CORPORATIONS

16 AUG 29 AM 11:10

EFFECTIVE DATE 09/07/16

*[Handwritten Signature]* 09/07/16

**COVER LETTER**

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

**SUBJECT:** DOUBLE R HORSESHOEING, 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:** JAMES R. RANEY  
Name (Printed or typed)  
2015 NW 35TH STREET  
Address  
OCALA, FLORIDA 34475  
City, State & Zip  
352-843-0114  
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)

**ARTICLE I NAME**

DOUBLE R HORSESHOEING, INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2015 NW 35TH STREET

OCALA, FLORIDA 34475

**ARTICLE III PURPOSE**

LAWFUL BUSINESS IN THE STATE OF FLORIDA.

The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE IV SHARES**

100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: JAMES R. RANEY, PRESIDENT

Name and Title: JAMES RYAN RANEY, VICE PRESIDENT

Address: 2015 NW 35TH STREET

Address: 3924 NE 17TH AVENUE

OCALA, FLORIDA 34475

OCALA, FLORIDA 34479

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 street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JAMES R. RANEY  
 Address: 2015 NW 35TH STREET  
 Ocala, Florida 34475

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**ARTICLE VII INCORPORATOR**

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

Name: JAMES R. RANEY  
 Address: 2015 NW 35TH STREET  
 Ocala, Florida 34475

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: SEPTEMBER 1, 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

8/26/16  
 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

8/26/16  
 Date