

P16000098561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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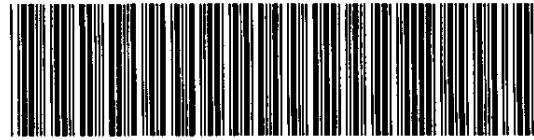
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 DEC 13 AM 9:20
CLERK OF STATE
TALLAHASSEE FLORIDA

12/15/16

COVER LETTER

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

SUBJECT: ORR FAMILY STABLES, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ROBERT ORR

Name (Printed or typed)

1515 SE 10TH STREET

Address

DEERFIELD BEACH, FL 33441

City, State & Zip

954- 489 - 3008

Daytime Telephone number

BOBBY@LIGHTHOUSELIST.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: ORR FAMILY STABLES, INC

16 DEC 13 AM 9:20

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Mailing address, if different is:

1515 SE 10TH STREET

DEERFIELD BEACH, FL 33441

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR PROFIT, HORSE OWNERSHIP AND TRAINING

ARTICLE IV SHARES

The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT ORR

Name and Title: _____

Address 1515 SE 10TH STREET

Address: _____

DEERFIELD BEACH, FL 33441

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: ROBERT ORR
Address: 1515 SE 10TH STREET
DEERFIELD BEACH, FL 33441

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT ORR
Address: 1515 SE 10TH STREET
DEERFIELD BEACH, FL 33441

16 DEC 13 AM 9:20
STATE OF FLORIDA
TALLAHASSEE

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

Required Signature/Registered Agent

11-29-16
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

11-29-16
Date