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(Requestor's Name)				
(Address)				
(Ad	dress)			
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(Ci	ty/State/Zip/Phone	. 40		
(CII	.y/State/Zip/Filone	; #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
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Caditiad Canina	Codification	of Chalin		
Certified Copies	_ Certificates	or Status		
Special Instructions to	Filing Officer:			
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COVER LETTER

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

SUBJECT: W	ALKER	EQUESTRIAN INC.				
		(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	origina	al and one (1) copy of the a	rticles of incorporation and	a check for:		
☐ \$70.4 Filing F	ce	☐ \$78.75 Filing Fee & Certificate of Status	■ \$78.75 Filing Fee & Certified Copy	& Certificate of Status		
			ADDITIONAL CO	PPY REQUIRED		
FROM		reenberg - Aguilar Nan	ne (Printed or typed)			
	l Radis	son Plaza, Ste. 800				
			Address			
	New R	ochelle, NY 10801				
		City	y, State & Zip			
	877-330-2677					
		Daytime	Telephone number			
	foresthi	llfarm@sympatico.ca				
	-	E-mail address: (to be us	ed for future annual report r	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)

The name of the corporati	ion shall be: WALKER EQUESTRIAN		
ARTICLE II PRINCIPAL OFFICE Principal street address		1	Mailing address, if different is:
13070 PIERSON RD.			
WELLINGTON, FL 334	414		
ARTICLE III PURPO The purpose for which the services for both horse a	SE To proving corporation is organized is: To proving rider for the North American equesions.	de equestrian judging	, coaching, sales, training and showing
	-1		<u>.</u>
			30 . -
			<u> </u>
ARTICLE IV SHARE The number of shares of s			
	LOFFICERS AND/OR DIRECTORS Donald Scott Walker - President		Donald Scott Walker - Vicepresident
Name and Title:	PO BOX 1063, NOBLETON,	Name and Title Address:	PO BOX 1063, NOBLETON,
	ONTARIO, CANADA LOG 1N0		ONTARIO, CANADA LOG 1NO
			
Name and Title:	Name and Title: Name and	Name and Title	Donald Scott Walker - Treasurer
Address PO BOX 10	PO BOX 1063, NOBLETON,	Address:	PO BOX 1063, NOBLETON,
	ONTARIO, CANADA LOG 1N0		ONTARIO, CANADA LOG INO
Name and Title:		Name and Title	•
Address		Address:	

Name and	f Title:	Name and Title:
Address		Address:
	REGISTERED AGENT orida street address (P.O. Box NOT accep	otable) of the registered agent is:
Name:	Incorp Services, Inc	
Address:	17888 67th Court North	
	Loxahatchee, FL 33470	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	Idress of the Incorporator is:	
Name:	Jomark Reyes	
Address:	1 Radisson Plaza, Ste.800	
	New Rochelle, NY 10801	
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific an	. (OPTIONAL) d cannot be more than five days prior or 90 days after the
the document's e	inserted in this block does not meet the ap	plicable statutory filing requirements, this date will not be listed as records.
Having been nan	ned as registered agent to accept service o	f process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
		6/30/2017
submit this dog	Required Signature/Registered A	rein are true. I am aware that the false information submitted in
uocument to the	rjepurimeni oj siate constitutes a intra deg 	ree felony as provided for in s.817.155, F.S. 6/30/2017
Requi	red Signature/Incorporator	Date

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