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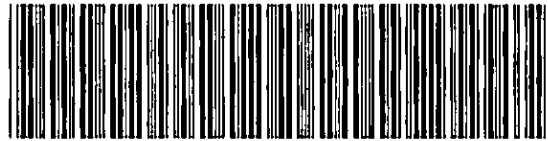
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18 MAR 16 PM 3:22
JACQUELYNNE F. OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: EVERLASTING MOON FARM 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: BILLIE ANN FRANCHELLA
Name (Printed or typed)

5560 150TH PLACE
Address

WELLBORN FL 32094
City, State & Zip

770 733 4499
Daytime Telephone number

edspickard@gmail.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

EVERLASTING MOON FARM INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5560 150th place

WELLBORN FL 32094

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE MAIN PURPOSE IS TO OPERATE AN EQUINE FACILITY.
OR ANY LEGAL BUSINESS IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

1000 NO PAR VALUE

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BILLIE ANN FRANCHELLA + PRES

Address 5560 150TH PLACE

WELLBORN ~~FL 32094~~

FL 32094

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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: DAVID FRANCHELLA
Address: 5560 150TH PLACE
WELLBORN FL 32094

ARTICLE VII INCORPORATOR

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

Name: BILLIE ANN FRANCHELLA
Address: 5560 150TH PLACE
WELLBORN FL 32094

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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 days prior or 90 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

[Signature]
Required Signature/Registered Agent

3/13/18
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.

[Signature]
Required Signature/Incorporator

March 13, 2018
Date