

P19000000 7903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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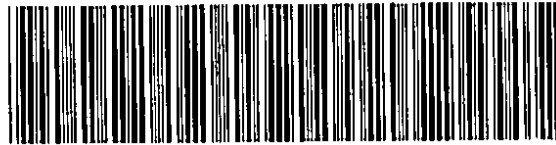
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JAN 23 AM 9:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Davie Horse Boarding, 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: Lynn Anderson

Name (Printed or typed)

14101 SW 26 Street

Address

Davie, FL 33325

City, State & Zip

954 661-4810

Daytime Telephone number

wayward96@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

The name of the corporation shall be: Davie Horse Boarding, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

14101 SW 26 St

Davie, FL 33325

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lynn Anderson, President

Address 14101 sw 26 st

Davie, FL 33325

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
DADE COUNTY, 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: Lynn Anderson

Address: 14101 sw 26 st

Davie, FL 33325

ARTICLE VII INCORPORATOR

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

Name: Lynn Anderson

Address: 14101 sw 26 st

Davie, FL 33325

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2019 *January 13, 2019* (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

Lynn Anderson
Required Signature/Registered Agent

Jan 13, 2019
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.

Lynn Anderson
Required Signature/Incorporator

Jan 13, 2019
Date

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AM 9:47
DEPT OF STATE
TALLAHASSEE, FLORIDA