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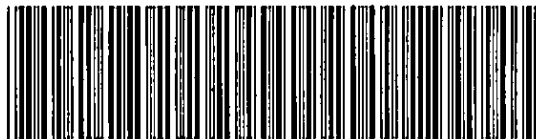
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
19 AUG 26 AM 10:36  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** SCOTT HESS 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  
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:** SCOTT HESS

\_\_\_\_\_  
Name (Printed or typed)

12168 NW HWY 464 B

\_\_\_\_\_  
Address

OCALA, FL 34482

\_\_\_\_\_  
City, State & Zip

352-287-1656

\_\_\_\_\_  
Daytime Telephone number

YAGERTAXNOT@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

The name of the corporation shall be: SCOTT HESS HORSESHOEING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

SCOTT HESS

12168 NW HWY 464 B

OCALA, FL. 34482

Mailing address, if different is:

SCOTT HESS

12168 NW HWY 464 B

OCALA, FL. 34482

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL BUISNESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SCOTT HESS - PRESIDENT

Address 12168 NW HWY 464 B

OCALA, FL. 34482

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

19 AUG 26 AM 10:36  
DIVISION OF CORPORATIONS  
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: SCOTT HESS  
Address: 12168 NW HWY 464 B  
OCALA, FL. 34482

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: SCOTT HESS  
Address: 12168 NW HWY 464 B  
OCALA, FL. 34482

SECRETARY OF STATE  
DIVISION OF CORPORATION  
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TALLAHASSEE, FLORIDA

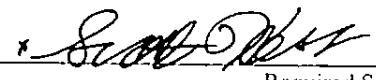
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/20/2019 (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*

x   
\_\_\_\_\_  
Required Signature/Registered Agent

08/20/2019  
\_\_\_\_\_  
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.*

x   
\_\_\_\_\_  
Required Signature/Incorporator

08/20/2019  
\_\_\_\_\_  
Date