

P2 000000086601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

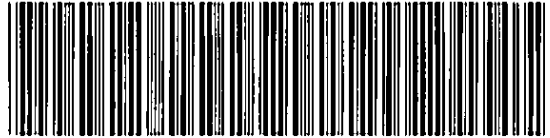
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/03/20--01004--003 **78.75

FILED
2020 JAN 31 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FL

NOTED
[illegible]

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sidesaddles, Inc.

Signature _____

Requested by: Seth

01/31/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
+ _____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

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

SUBJECT: _____

Sidesaddles, 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: _____

Blake Brandon

--Name (Printed or typed)

3526 Ellis Lane

Address

Mims, FL 32754

City, State & Zip

321-360-9900

Daytime Telephone number

blake@sidesaddles.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2020 JAN 31 AM 10:54

ARTICLE I NAME

The name of the corporation shall be:

Side Saddles, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3526 Ellis Lane

Mims, FL 32754

SECRETARY OF STATE
TALLAHASSEE, FL
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Saddle Sales

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Blake Brandon, Pres.

Name and Title:

Address

3526 Ellis Lane
Mims, FL
32754

Address:

Name and Title: Blake Brandon, Sec

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: Blake Brandon

Address: 3526 Ellis Lane
Mims, FL 32754

ARTICLE VII INCORPORATOR

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

Name: Blake Brandon

Address: 3526 Ellis Lane
Mims, FL 32754

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-31-20 (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

Required Signature/Registered Agent

1-31-20
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

1-31-20
Date

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SECRETARY OF STATE
TALLAHASSEE, FL

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