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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
HORSES EQUITATION CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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:

HORSES EQUITATION CORPARTICLE II PRINCIPAL OFFICE

Principal street address

8842 SW 72ND STREET APT J 159
MIAMI, FL 33173

Mailing address, if different is:

SAVEARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EQUITATION SERVICESARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES @ \$100 EACHARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

JEISSON A VASQUEZ
PRESIDENT

Name and Title:

Address

8842 SW 72ND ST APT J 159
MIAMI, FL 33173

Address:

Name and Title:

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: JAZMIN PIMENTEL
Address: 8842 SW 72ND ST APT J159
MIAMI FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA C. Alvarez
Address: 13255 SW 137th Ave Suite 105
MIAMI FL 33186

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

03/18/2020
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

03/18/2020
Date