P20000094565

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
| |
| |
| |
| |

Office Use Only



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12/10/20--01001--017 **70.00

2020 DEC - 9 PH 3: 57

2020 DEC -9 PM 3: 18
SECRETAY OF STATE

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

| Business Name & Document Number | (OFFICE USE ONLY) ; (if known): |
|--|--|
| 1. EquiSport Hoof Care LLC | · |
| Name Document | Number (if known) |
| _x_ Walk in | Will wait |
| Certified Copy of the Articles of Or Certificate of Status | ganization |
| NEW FILINGS | AMENDMENTS |
| Profit Not for Profit Limited Liability DomesticationX INC OTHER | Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Conversion Merger |
| OTHER FILINGS | REGISTRATION/QUALIFICATIONS |
| Annual Report | Foreign |
| Fictitious Name | Limited PartnershipReinstatement |
| Statement of Authority | |
| APOSTIL () COUNTRY | Trademark Other |
| | EXAMINER'S INITIALS: |

COVER LETTER

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

| SUBJECT: | EquiSport Hoof Care Inc. | | | | |
|-----------------------------|--------------------------------------|--|--|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | | |
| Enclosed are an | original and one (1) copy of the art | icles of incorporation and | d a check for: | | |
| ₹ \$70.0 Filing F | | □ \$78.75 Filing Fee & Certified Copy | □ \$87.50 Filing Fee, Certified Copy & Certificate of Status | | |
| | | ADDITIONAL CO | DPY REQUIRED | | |
| FROM | David Gilliam Name | e (Printed or typed) | | | |
| | | Address | | | |
| | Royal Palm Beach, FL 33411 | C 0 7 | | | |
| | City | . State & Zip | | | |
| | 888-650-3738 | | | | |
| | Daytime 7 | Telephone number | | | |
| | dave@equisporthoofcare.com | | | | |
| | E-mail address: (to be use | 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 | n shall be: EquiSport Hoof Care | Inc. | |
|--|---|-----------------------------------|------------|
| I <i>RTICLE II PRINCII</i> Pi | PAL OFFICE rincipal <u>street</u> address | Mailing address, if different is: | |
| 139 Alcazar Street | | | |
| Royal Palm Beach, F | L 33411 | | |
| RTICLE III PURPOS he purpose for which the | EE corporation is organized is: | | |
| | | | 2020 SE |
| | | | 건강 유 |
| | | | 757 |
| | | | <u> </u> |
| | | | PM 3: 18 |
| | | ···· | |
| | | | Щ |
| - | OFFICERS AND/OR DIRECTORS David Gilliam / Director | Name and Title: | |
| Address | 139 Alcazar Street | | |
| | Royal Palm Beach, FL 33411 | | |
| - | | _ | |
| Name and Title:_ | | Name and Title: | |
| Address _ | | Address: | |
| _ | | | |
| Name and Title | | | |
| | | | |
| Address _ | | Address: | |
| _ | | | |
| | | | |

| Name and | Title: | Name and Title: | |
|--------------------------------|--|--------------------------------|--|
| Address | | Address: | |
| | | | |
| | | | |
| | REGISTERED AGENT orida street address (P.O. Box NOT acceptable | e) of the registered agent is: | |
| Name: | David Gilliam | | |
| Address: | 139 Alcazar Street | | 202 SE |
| | Royal Palm Beach, FL 33411 | | 2020 DEC SECRLAT TALLA |
| ARTICLE VII | INCORPORATOR | | DEC -9 PH 3: 18 CRETARY OF STATE TALLAHASSEE, FL |
| The name and ad | dress of the Incorporator is: | | |
| Name: | David Gilliam | _ | FL |
| Address: | 139 Alcazar Street | | m |
| | Royal Palm Beach, FL 33411 | | |
| | | | |
| Effective date, if of | EFFECTIVE DATE: other than the date of filing: | (OPTIONA | L) |
| (If an effective date filing.) | ate is listed, the date must be specific and c | annot be more than five days | prior or 90 days after the |
| | inserted in this block does not meet the applic fective date on the Department of State's reco | | nts, this date will not be liste |
| | ed as registered agent to accept service of proc amiliar with and accept the appointment as reg | | |
| Dur Hill | <u></u> | | 12/9/2020 |
| Willia Hill | Required Signature/Registered Agent | | Date |
| | ument and affirm that the facts stated herein Department of State constitutes a third degree j | | |
| Dan Het |)- | | 12/9/2020 |
| Required Signatur | re/Incorporator | | Date |