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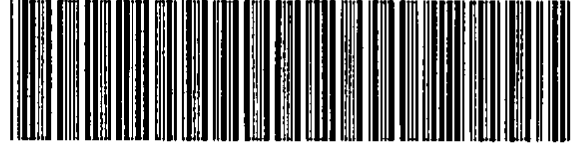
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T. SCOTT

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CABLE AND/OR VIDEO  
FRANCHISING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 JUL -6 AM 11:20

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2022

JOSEPH P. MULLEN, ESQUIRE  
MULLEN & BIZZARRO, P.A.  
2929 E COMMERCIAL BLVD SUITE PH-C  
FORT LAUDERDALE, FL 33308

SUBJECT: RICHIE & PAT BONVIE STABLE, INC.  
Ref. Number: W22000040382

We have received your document for RICHIE & PAT BONVIE STABLE, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

List total number of shares in article in article IV and jurisdiction date in number 2 of domestication articles.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 022A00007332

## COVER LETTER

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

SUBJECT: Richie & Pat Bonvie Stable, Inc.-Domestication

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication \$ 50.00

Articles of Incorporation and Certified Copy \$ 78.75

Total filing fee \$128.75

OPTIONAL:

Certificate of Status \$ 8.75

**From:**

Joseph P. Mullen, Esquire/ Mullen & Bizzarro, P.A.

Name (printed or typed)

2929 E. Commercial Blvd, Suite PH-C

Address

Fort Lauderdale, FL 33308

City, State & Zip

(954) 772-9100

Daytime Telephone Number

rbonvie@aol.com

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

The undersigned, Richard E. Bonvie, President  
(Name) (Title)  
of Richie & Pat Stable, Inc., a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

Richie & Pat Stable, Inc.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

4567 W. Tradewinds Avenue  
Lauderdale-By-The-Sea, FL 33308

Mailing Address

4567 W. Tradewinds Avenue  
Lauderdale-By-The-Sea, FL 33308

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Ownership of thoroughbred horses.

**ARTICLE IV SHARES**

Richard E. Bonvie - 725 shares  
THE NUMBER OF SHARES OF STOCK IS: Patricia Bonvie - 25 shares

750

**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Richard E. Bonvie

4567 W. Tradewinds Avenue

Lauderdale-By-The-Sea, FL 33308

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Richard E. Bonvie  
Signature/Registered Agent Richard E. Bonvie

Date

3/2/22

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

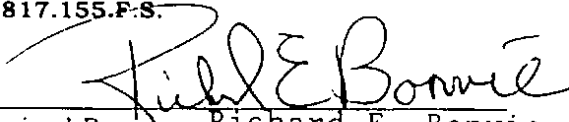
Name & Title: Richard E. Bonvie, President Name & Title: \_\_\_\_\_  
Address: 4567 W. Tradewinds Avenue Address: \_\_\_\_\_  
Lauderdale-By-The-Sea, FL 33308 Address: \_\_\_\_\_

Name & Title: Patricia A. Bonvie, Treasurer Name & Title: \_\_\_\_\_  
Address: 4567 W. Tradewinds Avenue Address: \_\_\_\_\_  
Lauderdale-By-The-Sea, FL 33308 Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_ Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Title: \_\_\_\_\_ Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I submit this document and affirm that the facts stated herein are true. I am aware that 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/Authorized Person Richard E. Bonvie

3/2/22  
\_\_\_\_\_  
Date