

PA7000102086

TRANSMITTAL LETTER

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

SUBJECT:

HORSEMED INC.

(Proposed corporate name - must include suffix)

800002359118--5
-12/01/97--01104--011
****131.25 ****131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

JOHN G. MATTA

Name (Printed or typed)

1795 BAYHILL DR.

Address

OLDSMAR FL. 34677

City, State & Zip

813-789-9610

Daytime Telephone number

GAVE

AUTHORIZATION BY PHONE TO

CORRECT

DATE

DOC. EXAM.

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

SECRET
TALLAHASSEE, FLORIDA

97 DEC -1 4M 8:47

FILED

12/4/97 Jm

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HORSEMED INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 1943 PALM HARBOR, FL 34682-1943

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:


JOHN G. MATTA 1795 BayHill Dr
OLDSMAR, FL. 34677

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JOHN G. MATTA
1795 BayHill Dr.
OLDSMAR, FL. 34677

I accept the responsibilities of Registered Agent.



Signature/Incorporator & Registered Agent

Date

11/25/97

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 DEC -1 AM 8:47

FILED