

TRANSMITTAL LETTER

P 99 000085914

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

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-09/27/99--01080--004
*****87.50 *****87.50

SUBJECT: PERFORMANCE HORSE PRODUCTS, INC.
(Proposed corporate name - must include suffix)

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

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: GENE GABE
 Name (Printed or typed)

35470 WASHINGTON LOOP ROAD
 Address

PUNTA GORDA FL 33982
 City, State & Zip

941-639-8452
 Daytime Telephone number

FILED
99 SEP 27 AM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. O. 1999 SEP 29 1999

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

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:

PERFORMANCE HORSE PRODUCTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

35470 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

GENE GAGE
35470 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982

ARTICLE V INCORPORATOR

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

GENE GAGE
same as above

Gene Gage
Signature/Incorporator

Sept 24, 1999
Date

(An additional article must be added if an effective date is requested.)

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Gene Gage
Signature/Registered Agent

Sept 24, 1999
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 SEP 27 AM 4:24

FILED