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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Equisite Elements of Style, Inc.

Certificate of Status	0
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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: Equestrian Elements of Style, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
3756 Miramontes Circle	3756 Miramontes Circle
Wellington FL 33414	Wellington FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Clothing Retailer

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Suzanne Lurk	Name and Title:
Address 3756 Miramontes Cir. Wellington FL 33414	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: Brianne Link

Address: 3756 Miramar Circle

Wellington FL 33414

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Hall PA Group, LLP

Address: 477 Indian River Rd

King Point NY 11354

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

_____ 7-17-24

Required Signature/Registered Agent 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.

Peter E Hall Partner 7-17-24

Required Signature/Incorporator Date