

P14000063/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

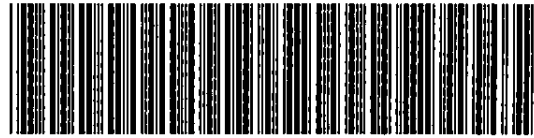
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

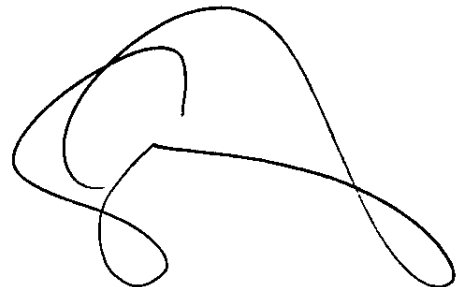
Office Use Only



400262417584

07/23/14--01006--001 \*\*70.00

FILED  
2014 JUL 23 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**COVER LETTER**

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

SUBJECT: HONEY DEIRAY INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: SCOTT FRIELICH  
Name (Printed or typed)

52 N SWINTON AVE  
Address

DEIRAY BEACH, FL 33444  
City, State & Zip

561 310 5713  
Daytime Telephone number

SCOTTFRIELICH@GMAIL.COM  
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 shall be: Honey DeIRAY INC

**FILED**

2014 JUL 23 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

16 E ATLANTIC AVE  
DEIRAY BEACH, FL 33444

52 N SWINTON AVE  
DEIRAY BEACH, FL 33444

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: BAR/LOUNGE  
PROFESSIONAL CORPORATION

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SCOTT FRIELICH Name and Title: VICE PRESIDENT  
Address: 52 N SWINTON AVE Address: \_\_\_\_\_  
DEIRAY BEACH, FL 33444  
20%

Name and Title: ROONEY MAYO Name and Title: PRESIDENT  
Address: 518 CLEMATIS ST Address: \_\_\_\_\_  
WPB, FL 33401  
60%

Name and Title: DAVID ROBINSON Name and Title: SECRETARY  
Address: 2250 NW 14 ST Address: \_\_\_\_\_  
DEIRAY BEACH, FL 33444  
20%

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: PAUL KRASKEBER ESQ

Address: 501 FLAGLER DR #201  
WPCB, FL 33401

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: SCOTT FRIEDLICH

Address: 52 N SWINTON AVE  
DELRAY BCH, FL 33444

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

Required Signature/Registered Agent

7/16/14

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.

Required Signature/Incorporator

7/16/14

Date