## L16000198782

(F	Requestor's Name)	
(A	Address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
([	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
41/6-60	191	-,

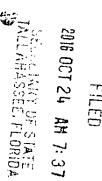




600289177266

08/24/16--01007--009 \*\*122.50

11/03/16--01013--003 \*\*2.50



V HERRING NOV - 1 2016 W 16000 60496 -

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Hone ville's Gold UC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph Luke Taunton Name of Person
Honeyville's Gold LLC Firm/Company
638 Roberts Cemetery Road
Audiess
Wewshitchta, Florida 32465
Wewahitchta, Florida 32465  Coolhand It & hotmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Warne of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



September 1, 2016

JOSEPH LUKE TAUNTON 638 ROBERTS CEMETERY ROAD WEWAHITCHAKA, FL 32465

SUBJECT: HONEYVILLE'S GOLD Ref. Number: W16000060496

We have received your document for HONEYVILLE'S GOLD and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 of the Certificate of Conversion is missing.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 416A00018618

## ARTICLE I - Name: The name of the Limited Liability Company is: ### Company is: ### ARTICLE I - Name: The name of the Limited Liability Company is: #### ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

138 Roberts Cemetery Rd

Wewahitchka, Fh 32465

Mailing Address:

Mailing Address:

Mailing Address:

Mailing Address:

Wewahitchka, Cemetery Rd

Wewahitchka, Fhorida 32465

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Joseph Luke Taunton

Name

638 Roberts Cemetery Rd

Florida street address (P.O. Box NOT acceptable)

Aleukshilchke Florida 32465

Wewahitchka, FL. 32465
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

ARTICLE IV-	
The name and address of each person auth	horized to manage and control the Limited Liability Company:  2016 DCT 24 AM 7
Title:	Name and Address:
"AMBR" = Authorized Member	Sevice LARY UP 23
"MGR" = Manager	IALLANASSEE, FLO
"AMBR"	Lanita aunton
	638 Koberts Cemetery Rd.
•	Wewanitchya, Florida V
"MGR"	Toronh Luke Taunton
	1038 Robertz Cemetery Rd
	Wewahitchka, FL 32465
	<u> </u>
***************************************	
	<del></del>
ffective date is listed, the date must be spece of filing.)	of filing: August 22, 2016. (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.)	cific and cannot be more than five business days prior to or 90 days aft eet the applicable statutory filing requirements, this date will not be listed
LEV: Effective date, if other than the date of the feetive date is listed, the date must be speed of filing.)  If the date inserted in this block does not me	cific and cannot be more than five business days prior to or 90 days aft eet the applicable statutory filing requirements, this date will not be listed
LE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.)  If the date inserted in this block does not moument's effective date on the Department of	cific and cannot be more than five business days prior to or 90 days aft eet the applicable statutory filing requirements, this date will not be listed
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.)  If the date inserted in this block does not moument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not be listed if State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.)  If the date inserted in this block does not moument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer	eet the applicable statutory filing requirements, this date will not be listed of State's records.  Luce January  mber or an authorized representative of a member.
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.)  If the date inserted in this block does not me ument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is execute	eet the applicable statutory filing requirements, this date will not be listed of State's records.  July January  mber or an authorized representative of a member.  ed in accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.)  If the date inserted in this block does not moument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is execute I am aware that any false	eet the applicable statutory filing requirements, this date will not be listed of State's records.  July July 1  mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
LE V: Effective date, if other than the date of fective date is listed, the date must be spect of filing.)  If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is execute I am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not be listed of State's records.  July January  mber or an authorized representative of a member.  ed in accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.)  If the date inserted in this block does not moument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is execute I am aware that any false	eet the applicable statutory filing requirements, this date will not be listed of State's records.  The presentative of a member of an authorized representative of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
LE V: Effective date, if other than the date of fective date is listed, the date must be spect of filing.)  If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is execute I am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not be listed of State's records.  July July 1  mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
LE V: Effective date, if other than the date of fective date is listed, the date must be spect of filing.)  If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is execute I am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not be listed of State's records.  The property of a member of an authorized representative of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.  Typed or printed name of signee
LE V: Effective date, if other than the date of fective date is listed, the date must be specie of filing.)  If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is execute I am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not be listed of State's records.  The presentative of a member of an authorized representative of a member of an authorized representative of a member of an accordance with section 605.0203 (!) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:
LE V: Effective date, if other than the date of fective date is listed, the date must be specie of filing.)  If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is execute I am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not be listed of State's records.  The property of a member of an authorized representative of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.  Typed or printed name of signee