

P05000140763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

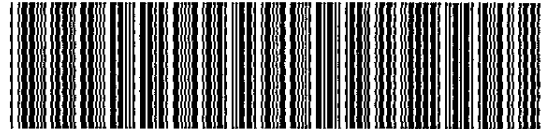
(Document Number)

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05 OCT 14 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch OCT 17 2005

## COVER LETTER

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

SUBJECT: Herndon Development 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: Craig Herndon

Name (Printed or typed)

3904 W San Nicholas St

Address

Tampa, FL 33629

City, State & Zip

813-514-3469

Daytime Telephone number

**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:

Herndon Development Inc

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3904 W San Nichdas St, Tampa, Fl 33629

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to engage in any activity or business permitted under the laws of the United States and the State of Florida.

## **ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

List name(s), address(es) and specific title(s):

Craig M Herndon, President  
3904 W San Nichdas St  
Tampa, Fl 33629

## **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Craig M Herndon  
3904 W San Nichdas St  
Tampa, Fl 33629

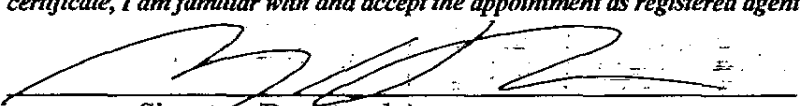
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Craig M Herndon  
3904 W San Nichdas St  
Tampa, Fl 33629


\*\*\*\*\*

*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*

  
Signature/Registered Agent

10-12-05

Date

  
Signature/Incorporator

10-12-05

Date

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TALLAHASSEE, FLORIDA