

P10000001347

(Requestor's Name)

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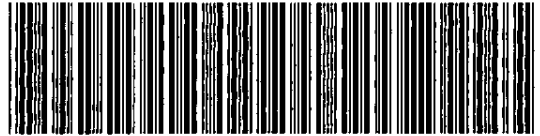
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: OAK CREEK HONEY BEES, 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: TIMOTHY D. GAFFANEY
Name (Printed or typed)

785 ASHLEY CIRCLE
Address

ALFORD, FL 32420
City, State & Zip

850 573-7072
Daytime Telephone number

95TV1220@PHONI.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: *OAK CREEK HONEY BEES, INC.*

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*785 ASHLEY Circle
ALFORD, FL 32420*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR RAISING, REARING, POLLING, HONEY PRODUCTION

ARTICLE IV SHARES

The number of shares of stock is: *100*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*TIMOTHY D GAFFANEY, PRESIDENT, 785 ASHLEY Circle ALFORD, FL 32420
VICTORIA L. GAFFANEY, VICE PRESIDENT, SECRETARY, TREASURER
785 ASHLEY Circle, ALFORD, FL 32420*

ARTICLE VI REGISTERED AGENT

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

*785 ASHLEY Circle
ALFORD FL 32420*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*TIMOTHY D. GAFFANEY
785 ASHLEY Circle
ALFORD, FL 32420*

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

Timothy D. Gaffaney

Signature/Registered Agent
Timothy D. Gaffaney

Signature/Incorporator

1-4-10

Date
1-4-10

Date

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TALLAHASSEE, FLORIDA