

P12000013382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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12 JAN -7 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Wt 2-4698

T. Burch FEB 8 2012

## COVER LETTER

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

SUBJECT: Honey Rock 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: Clay Olson

Name (Printed or typed)

3539 Apalachee Pwky Suite 3 - 196

Address

Tallahassee FL 32311

City, State & Zip

850 843-0853

Daytime Telephone number

clay1275@fairpoint.net

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



RECEIVED

12 FEB -7 AM 10:32

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 25, 2012

CLAY OLSON  
3539 APALACHEE PKWY STE 3 196  
TALLAHASSEE, FL 32311

SUBJECT: HONEY ROCK INC.  
Ref. Number: W12000004698

We have received your document for HONEY ROCK INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 312A00001851

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

Honey Rock Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3539 Apalachee Pwky  
Suite 3-196  
Tallahassee FL 32311

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Agronomic development

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Clay Olson, President  
Address: 3539 Apalachee Pwky  
Suite 3-196  
Tallahassee FL 32311

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Clay Olson  
Address: 3539 Apalachee Pwky Suite 3-196  
Tallahassee FL 32311

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Clay Olson  
Address: 3539 Apalachee Pwky Suite 3-196  
Tallahassee FL 32311

*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

January 23, 2012  
\_\_\_\_\_  
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

January 23, 2012  
\_\_\_\_\_  
Date

FILED  
12 JAN -7 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304