

P13000025107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

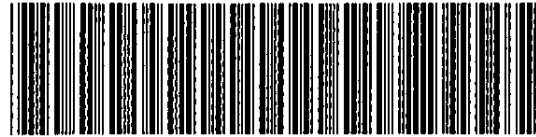
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500245559505

03/18/13--01003--029 \*\*87.50

FILING CANCELLED  
RETURNED CHECK

RECEIVED  
DEPARTMENT OF STATE  
13 MAR 18 PM 1:52

318-12 B  
WFE

P-ck

## COVER LETTER

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

SUBJECT: Herring Financial 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: Jay S. Herring  
Name (Printed or typed)

45 Gray Cr.  
Address

Crawfordville, FL 32327  
City, State & Zip

850-926-7024  
Daytime Telephone number

Jay S Herring@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

FILING CANCELLED  
RETURNED CHECK

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: Herring Financial Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2012 C North point Blvd  
TALLAHASSEE FL ~~32305~~  
32300

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Insurance

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Jay S. Herring Name and Title: \_\_\_\_\_

Address: 45 Gray Cr. Address: \_\_\_\_\_

Crown Fordville FL 32327

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILING CANCELLED  
RETURNED CHECK

(conti.)

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: Jay S. Herring  
Address: 45 Gray Cr.  
Crawfordville, FL 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jay S. Herring  
Address: 45 Gray Cr.  
Crawfordville, FL 32327

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]  
Required Signature/Registered Agent

03/18/13  
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.

[Signature]  
Required Signature/Incorporator

03/18/13  
Date