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(Requestor's Name)

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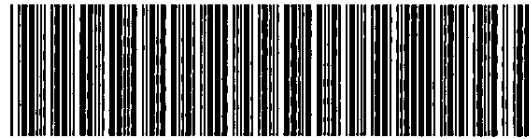
(Business Entity Name)

(Document Number)

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

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FILED  
14 JUN 25 PM 3:01  
SECRETARY OF CLAE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

*Original*

SUBJECT: HONEY FEAST, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Robert N. Hering, Jr.  
\_\_\_\_\_  
Name (Printed or typed)  
Building 200, Suite #2 County Line Court  
\_\_\_\_\_  
Address  
Oakland, Florida 34787  
\_\_\_\_\_  
City, State & Zip  
321-229-4488  
\_\_\_\_\_  
Daytime Telephone number  
bhering53@gmail.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**            **HONEY FEAST, Inc.**

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**Building 200, Suite #2, Countyn Line Court**

**Oakland, Florida 34787**

**ARTICLE III    PURPOSE**

**Produce, Distribute and Sell natural honey and**

The purpose for which the corporation is organized is: \_\_\_\_\_  
**associated bi-products produced and grown through the commercial management of bees.**

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TALLAHASSEE FLORIDA

**ARTICLE IV    SHARES**    **1000**

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: **Robert N. Hering, Jr. / President**

Address: **180 Nautica Mile Drive**

**Clermont, Florida 34711**

Name and Title: **Paul Allen Allison / Vice President**

Address: **22 Charles St.**

**Ocoee, Florida 34761**

Name and Title: **Patricia Ann Hering / Secretary/**

Address: **180 Nautica Mile Drive**

**Clermont, Florida**

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

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

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

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

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: Robert N. Hering, Jr.  
Address: 180 Nautica Mile Drive  
Clermont, Florida 34711

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert N. Hering, Jr.  
Address: 180 Nautica Mile Drive  
Clermont, Florida 34711

*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*

Robert N. Hering, Jr.  
Required Signature/Registered Agent

*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.*

Robert N. Hering, Jr.  
Required Signature/Incorporator

June 23, 2014  
Date  
JUN 25 PM 3:01  
STATE  
DEPARTMENT OF  
CORPORATIONS  
FLORIDA