

P14000080315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

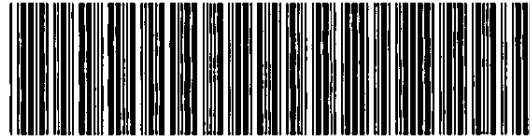
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/29/14--01014--002 **78.75

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14 SEP 29 PM 1:00
SECRETARY OF STATE
ALL AMESSE FLORIDA

MD 9/30

COVER LETTER

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

SUBJECT: Heather Bees Holdings, 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: Carl Bowers

Name (Printed or typed)

3015C Christopher Gadsden Ct.

Address

Jacksonville, FL 32221

City, State & Zip

904-472-0516

Daytime Telephone number

clbowers33@yahoo.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: Heather Bees Holdings, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3015C Christopher Gadsden Ct
Jacksonville, FL 32221

Mailing address, if different is:

Same as Principal

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carl Bowers President

Address: 3015C Christopher Gadsden Ct
Jacksonville, FL 32221

Name and Title: Heather Bowers Vice President

Address: 3015C Christopher Gadsden Ct
Jacksonville, FL 32221

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(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: Heather Bowers
Address: 3015C Christopher Gadsden Ct
Jacksonville, FL 32221

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carl Bowers
Address: 3015C Christopher Gadsden Ct
Jacksonville, FL 32221

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

09/25/2014
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

9/25/14
Date

FILED
14 SEP 29 PM 1:00
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09/25/2014 BY 60322