

PH000084812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

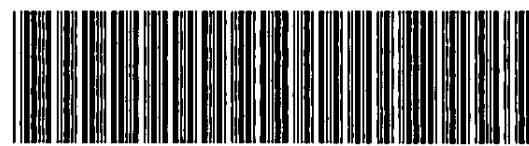
(Business Entity Name)

(Document Number)

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

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10/14/14--01007--024 #78.75

FLORIDA DEPARTMENT OF STATE  
REGISTRATION OF TRADE NAMES  
AND TRADEMARKS

14 OCT 14 PM12:48

FILED

MD 10/15

## COVER LETTER

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

**SUBJECT: SHAMIKA L. HONEYBLUE, OD, P.A.**  
(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      & Certificate of  
                    Status      Status

**ADDITIONAL COPY REQUIRED**

FROM: **SHAMIKA L. HONEYBLUE**  
Name (Printed or typed)

**PO BOX 25782**

Address

**TAMPA, FL 33622**

City, State & Zip

**(919) 810-3986**

Daytime Telephone number

**shamika\_honeyblue@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: SHAMIKA L. HONEYBLUE, OD, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4601 Grayview Ct

Tampa, FL 33609

Mailing address, if different is:

PO Box 25782

Tampa, FL 33622

REC'D  
10/14/2014  
FILED  
FLORIDA  
STATE  
OF  
FLORIDA  
8:25 AM  
10/14/2014

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Optometry Practice- Patient Eyecare

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Shamika L Honeyblue, President Name and Title: \_\_\_\_\_

Address: PO Box 25782 Address: \_\_\_\_\_

Tampa, FL 33622

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

Address: \_\_\_\_\_ 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: Shamika L Honeyblue  
 Address: 4601 Grayview Ct  
Tampa, FL 33609

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14 OCT 14 PM 12:48  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shamika L Honeyblue  
 Address: 4601 Grayview Ct  
Tampa, FL 33609

*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

*October 7 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

*October 7 2014*  
 \_\_\_\_\_  
 Date