

AL5000005356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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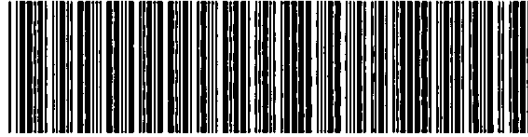
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/16/15--01006--004 **87.50

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Herban Legend, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Jacob E. Townley
Name (Printed or typed)

13075 SE 102nd Ct
Address

Bellerive, FL 34420
City, State & Zip

352-875-6093
Daytime Telephone number

Townleyjay@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: Herban Legend, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2020 citrus blvd.
Leesburg, FL 34748

13075 SE 102nd Ct.
Belleview, FL 34420

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail sales, Gift shop
storefront.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anecia A. Rebello, Manager Name and Title: _____

Address 13075 SE 102nd Ct Address: _____
Belleview, FL 34420

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE FLORIDA

(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:

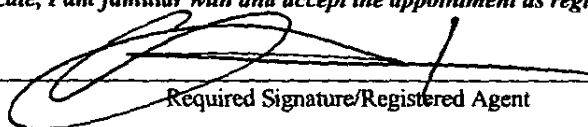
Name: Jacob E. Townley
Address: 13075 SE 102nd Ct
Belleview, FL 34420

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacob E. Townley
Address: 13075 SE 102nd Ct
Belleview, FL 34420

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.

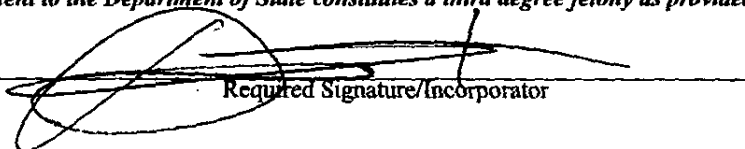


Required Signature/Registered Agent

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TALLAHASSEE FLORIDA

01/12/2015
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

01/12/2015
Date