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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

152 2/11/15

Original

COVER LETTER

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

SUBJECT: Heritage Eating 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: John Roberts
Name (Printed or typed)

341 Sydney Washer Rd
Address

Doon, FL 33527
City, State & Zip

813-494-6751
Daytime Telephone number

Johnroberts223@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Heritage Eating Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

341 Sydney Washen Road
Dover, FL 33527

Mailing address, if different:

P.O. Box 1311
Mango, FL 33550

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This Corporation is formed
with goal of selling Healthy Heritage varieties of
fruits, vegetables and meats.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Roberts Pres Name and Title: Chrysti Roberts VP

Address: 341 Sydney Washen Rd Address: Same
Dover, FL 33527 341 Sydney Washen Rd
Dover, FL 33527

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: John Roberts
Address: 341 Sydney Washen Road
Dunn, FL 33527

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: John Roberts
Address: 341 Sydney Washen Rd
Dunn, FL 33527

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

1-27-2015
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

1-27-2015
Date

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