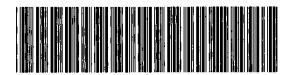
## P1500055601

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only

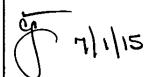
691-547-694-691-6429-



400272549414

05/11/15--01021--020 \*\*122.50





## **COVER LETTER**

**Charter Section** 

TO:

Division of Corporations	
SUBJECT: Honey	Resulting Florida Profit Corporation
Name of	Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Article Entity" into a "Florida Profit Corporation" in ac	es of Incorporation, and fees are submitted to convert an "Other Business ecordance with s. 607.1115, F.S.
Please return all correspondence concerning thi	s matter to:
Karina Pereira	
Contact Person	
Honey200	
Firm/Company	
7235 Ackerman Ave	29 PH
Address	
Cocoa F1 32927	4 25
Čity, State and Zip Cod	e
E-mail address: (to be used for future annu	all report notification)
For further information concerning this matter,	please call:
Kanna Pereira	_at(_321_) 888-1029
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
. 1	Source Pur D. Lefteres So Pur D.
and Certificate of Status	and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS.
New Filings Section Division of Corporations	New Filings Section
Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

RECEIVED

15 JUN 29 PM 4:54

FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

June 5, 2015

KARINA PEREIRA 7235 ACKERMAN AVENUE

We have received your document for HONEY 2DO, INC. and your check(s) What totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our provi

The document must state the number of shares of authorized stock. consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link officer/director for acceptable titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 715A00011885

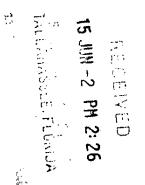


## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2015

KARINA PEREIRA 7235 ACKERMAN AVENUE COCOA, FL 32927

SUBJECT: HONEY 2DO, INC. Ref. Number: W15000034623



We have received your document for HONEY 2DO, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

moneis were already paid

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 215A00010250

www.sunbiz.org

Certificate of Conversion
For

"Other Business Entity"
Into
Florida Profit Corporation

MILED 15 JUN 29 PM 2: 25

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other" A Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Homeway 110
Enter Name of Other Business Entity L1400131178
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of
^
on August 20, 2014
Enter date "Other Rusiness Entity" was first organized, formed or incorporated
Enter date. Other Business Entry, was first organized, formed of meorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
HOIKIADO INC
Enter Name of Florida Profit Corporation
•
5. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida
Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation
if an effective date is listed therein.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.
noted to the description of the site on the population of entry of section.

	•
Signed this <u>28</u> . day of <u>May</u>	<u>; , , , 20 [5 ]</u> .
Required Signature for Florida Profit Corporation	
Signature of Chairman Vice Chairman Director, Officence of Cha	ner   President .
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]
Signature: Krura	
Printed Name: Karına n. Pereira	Title: Owner   President
Signature: MCAlliste1.	
Printed Name John McAllister	Title: Owner   VICE- President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

Page 2 of 2

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

MILED

ARTICLE I The name of the c	<b>NAME</b> orporation shall be:	Honeyado,	.00c.	15 JUN 29 PM 2: 25
ARTICLE II	PRINCIPAL OFFICE of business/mailing addr	?		ACAPASTE TORSE
, , ,	Principal street address		Mailing addi	ress, if different is:
7235 A	ckerman Ave			
Cocoa	FL 32927			
ARTICLE III The purpose for v	<b>PURPOSE</b> which the corporation is o	rganized is:		
				<u> </u>
ARTICLE IV		<i>(</i> )		
The number of sh				
	arina Pereira			
Address:	7235 Ackerman			
_		927		
		1 17/1/1	and Title:	
	1235 Ackerman 2000 Fl 3292			
Name and Title:		Namo		
Address:		Addr	css:	

ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
Name: Karina N. PERETEA - President
Address: 7235 Ackerman Ave
Cocoa FI 32927
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:
Name: Karina N PEREIRA-President
Address: 7235 Ackerman Ave
Caca FI 32927
**************************************
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I app familiar with and accept the appointment as registered agent and agree to act in this capacity
Poroura, abolis
Required Signature/Registered Agent Date
I submit this document and affirm that the facts stated herein are true. I am aware that any 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.
Klereura <u>5/28/15</u>
Required Signature/Incorporator Date

15 JUN 29 PM 2: 25