

P170000051338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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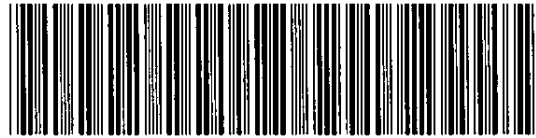
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 JUN 14 PM 2:01

2017 JUN 14 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: HONDE VALLEY TRADING COMPANY  
(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: Claudius MUNDOMA  
Name (Printed or typed)

3260 LONGLEAF ROAD  
Address

TALLAHASSEE FL 32310  
City, State & Zip

850-980-6666  
Daytime Telephone number

cmundoma@hofmail.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: HONDE VALLEY TRADING COMPANY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

813 JETTY AVE

QUINCY FLORIDA 32351

Mailing address, if different is:

3260 LONGLEAF ROAD

TALLAHASSEE FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A trading company specializing in food, health, import and export and supply of general goods and services.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudius Mundoma

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

Address: \_\_\_\_\_

3260 LONGLEAF ROAD

Address: \_\_\_\_\_

TALLAHASSEE, FL 32310

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Claudius MUNDOMA  
Address: 813 Jetty Ave.  
Quincy, FL 32351

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Claudius MUNDOMA  
Address: 813 Jetty Ave.  
Quincy, FL 32351

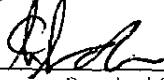
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JUNE 14<sup>th</sup>, 2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)


**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.

*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

6/14/2017  
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

6/14/2017  
Date