

6/18/2021

Division of Corporations

P2100057786

Florida Department of State
Division of Corporations
Self-Service Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

2021 JUN 18 AM 9:12
FALL HASSETT, FLORIDA

F-11-10-10

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION**Honor Brown Inc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

JUN 21 2021

T. SCOTT

2021 JUN 18 PM 3:12

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Honor Brown Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

21 E 17th St.Jacksonville FL 32206-2918**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Any legal activity/business management services**ARTICLE IV SHARES**The number of shares of stock is: 2,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: John-Leslie Brown - Director

Name and Title: _____

Address 21 E 17th St.

Address: _____

Jacksonville FL 32206-2918

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 JUN 18 AM 9:12
STATE OF FLORIDA
TALLAHASSEE

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Laughlin Associates, LLC
Address: 9120 Double Diamond Parkway
Reno, NV 89521

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

By: NRAI Services, Inc. Karen Fitzgerald, Assistant Secretary 6/18/2021

Required Signature of Registered Agent 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.

[Signature] 6/18/2021

Required Signature of Incorporator Date