

P22000084071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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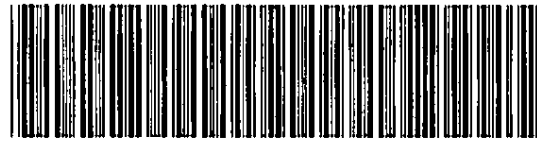
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/31/22--01038--014 **78.75

FILED
22 OCT 31 AM 6:45
SECRETARY OF STATE
FALLAHASSETT, J. J.

COVER LETTER

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

SUBJECT: B. Herrington Food Specialties 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: Jerry M CARTER
Name (Printed or typed)

536 TAPATIO LANE
Address

Kissimmee, FL 34759
City, State & Zip

863 438 2923
Daytime Telephone number

JMC5733@GMAIL.Com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FL 32314

22 OCT 31 AM 6:45

FILED

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: B. Herrington Food Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
993 BATES Rd
HAINES CITY, FLORIDA 33844

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL lawful businesses.

Develop AND provide affordable, sustainable, healthy food
enteries and associated products to underserved communities.

ARTICLE IV SHARES

The number of shares of stock is: 200,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VP- Alondra Adorno

Address: 993 Bates Road
HAINES CITY, FL 33844

Name and Title: Beau Herrington, Pres

Address: 993 BATES ROAD
HAINES CITY, FL 33844

Name and Title: Beau Herrington, Sec.

Address: 993 Bates Road
HAINES CITY, FL 33844

Name and Title: Alondra Adorno, Treas

Address: 993 BATES ROAD
HAINES CITY, FL 33844

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-22-05 BY 60322
6:15

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: Jerry M. CARTER

Address: 536 TAPATIO LN

KISSIMMEE, FL 34759

ARTICLE VII INCORPORATOR

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

Name: Jerry M. CARTER

Address: 536 TAPATIO LN

KISSIMMEE, FL 34759

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

Required Signature/Registered Agent

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

Date

10/25/22
Date
FILED
10/25/22
OFFICE OF THE
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FL
32301-0001