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P95000009558

January 31, 1995

Corporate Records Bureau
Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, FL 32314

400001395954
-02/01/95--01112--003
****122.50 ****122.50

RE: Honeygrove Farm, Inc.

Gentlemen:

Please file the enclosed Articles of Incorporation and send the certified copy and your acknowledgement to me in care of this office. Enclosed is our check in the sum of $122.50 representing your filing fees.

Very truly yours,

H. RANDOLPH KLEIN

HRK/kp
enc.

FILED
95 FEB -1 PM 2:28

ARTICLES OF INCORPORATION

OF

HONEYGROVE FARM, INC.

The undersigned hereby organizes and subscribes to these Articles of Incorporation under the laws of Florida.

I.

The name of the corporation shall be:

HONEYGROVE FARM, INC.

II.

The general purpose for which the corporation is organized shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

III.

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

IV.

The corporation's principal office and its registered office shall be:

411 SW 80 Street
Ocala, FL 34476

and the name of its initial Registered Agent at such address shall be:

JEFFREY B. FEINS

V.

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The name and address of the incorporator is:

JEFFREY B. FEINS
411 SW 80 Street
Ocala, FL 34476

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this 20 day of January, 1995.

JEFFREY B. FEINS

STATE OF FLORIDA
COUNTY OF MARION

BEFORE ME, a Notary Public this day personally appeared JEFFREY B. FEINS, (✓) who is personally known to me or produced _____ as identification who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Ocala, Marion County, Florida, this 20 day of January, 1995.

KATHLEEN W. PATTEN
MY COMMISSION EXPIRES
JULY 9, 1998
#CC 382411
Bonded thru
Troy Fain-Insurance
NOTARY PUBLIC, STATE OF FLORIDA

Notary Public, State of Florida

My commission expires:

Having been named Registered Agent of HONEYGROVE FARM, INC., I hereby accept said office and agree to comply with the provisions of Chapter 607, Florida Statutes as same pertain to the office of Registered Agent.

JEFFREY B. FEINS
Registered Agent

95 FEB -1 PM 2:29

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV 18 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000009558

1. Corporation Name
HONEYGROVE FARM, INC.

Principal Place of Business
411 SW 80 ST
OCALA FL 34476

Mailing Address
411 SW 80 ST
OCALA FL 34476

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, if Applicable
c/o Smolin, Lupin & Co., P.A.
Suite, Apt. #, etc. 100 Executive Dr., Suite 180
City & State
West Orange, NJ
Zip 07052 | Country Essex

REINSTATEMENT 96
4. Date Incorporated or Qualified To Do Business in Florida 02/01/1995

5. FEI Number
59-3294942
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Jeffrey B. Feins	411 SW 80th Street	Ocala, FL 34476

000020110190--8
-11/20/96--01100--029
****200.00 ****200.00

000020110190--8
-11/20/96--01100--030
****175.00 ****175.00

8. Name and Address of Current Registered Agent
FEINS, JEFFREY B
411 SW 80 ST
OCALA FL 34476

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Date 10/23/96
Signature of Registered Agent — REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No ☐
(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

SIGNATURE: Jeffrey B Feins 10/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

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