

99000045628

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Honey-Do, Inc.
of Tampa Springs

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-05/18/99--01065--022
*****87.50 *****87.50

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature

Requested by:

Name

Date

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☒ Art of Inc. File
☐ LTD Partnership File
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☐ L.C. File
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☐ Merger File
☐ Art. of Amend. File
☐ RA Resignation
☐ Dissolution / Withdrawal
☐ Annual Report / Reinstatement
☒ Cert. Copy
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☒ Certificate of Good Standing
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☐ Certificate of Fictitious Name
☐ Corp Record Search
☐ Officer Search
☐ Fictitious Search
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1999 MAY 19 PM 2:25

FILED

R. Purinton MAY 19 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 18, 1999

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 32301

SUBJECT: HONEY-DO, INC.
Ref. Number: W99000011668

We have received your document for HONEY-DO, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the 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) 487-6929.

Randall Purinton
Document Specialist

Letter Number: 399A00027589

ARTICLES OF INCORPORATION

OF

HONEY-DO OF TARPON SPRINGS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
HONEY-DO OF TARPON SPRINGS, INC.

The principal place of business of this corporation shall be:
601 Lora Lane
Tarpon Springs, Florida

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

Ten (10) Shares @ \$10.00 each

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successors(s) is (are) elected, is (are):

President: Dan Tagarelli

Vice President:

Secretary: Dan Tagarelli

Treasurer: Tagarelli

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TALLAHASSEE, FLORIDA

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are):

Dan Tagarelli

601 Lora Lane

Tarpon Springs, Florida 34689

IN WITNESS WHEREOF, the under signed incorporator(s) has (have) executed these Articles of Incorporation this 11th day of May, 1999

Signature(s) of incorporator(s)



CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent / registered office in the State of Florida.

1. The name of the corporation is: HONEY-DO OF TARPON SPRINGS, INC.

2. The name and address of the registered agent and office is:

Michael Tagarelli
601 Lora Lane
Tarpon Springs, Florida 34689

SIGNATURE _____

(Corporate Officer)

TITLE _____

DATE _____

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS FO ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE _____

(Registered Agent)

DATE: _____

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