

COVER LETTER

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

SUBJECT: HARMONY MEDICAL INSTITUTE, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: HARMONY MEDICAL INSTITUTE, INC.
Name (Printed or typed)

5811 W. HALLANDALE BEACH BLVD
Address

WEST PARK FL 33023
City, State & Zip

754-204-0580
Daytime Telephone number

al_mayungbe@yahoo.com
E-mail address: (to be used for future annual report notification)

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

HARMONY MEDICAL INSTITUTE, INC

5811 West Hallandale Beach Boulevard West Park, Fl 33023 754-204-0580

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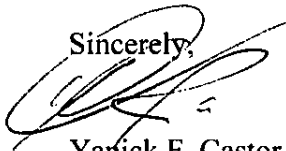
September 16, 2011

Subject: Release of Corporation Name

This is to certify that I am the President of HARMONY MEDICAL INSTITUTE, INC., listed under document No: P09000001456, and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

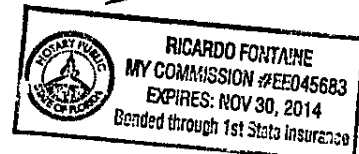
I also affirm that I will not attempt to reinstate the name or hold anyone liable for using the name in the future.

Sincerely,



Yanick F. Castor
President

11 SEP 27 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

ARTICLE I NAME HARMONY MEDICAL INSTITUTE, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
5811 W. HALLANDALE BEACH BLVD
WEST PARK, FL 33023

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO PERFORM ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CASTOR, SEVIGNE: PRESIDENT
Address: 10352 S.W. 9 LANE
PEMBROKE PINES, FL 33025

Name and Title: FONTIANE, RAYMOND: VP
Address: 946 S.W. 102 TERRACE
PEMBROKE PINES, FL 33025

Name and Title: CASTOR, YANICK: VP
Address: 10352 S.W. 9 LANE
PEMBROKE PINES, FL 33025

Name and Title: _____
Address: _____

Name and Title: DERIZIER, NIRVA: VP
Address: 8431 N.W. 44 COURT
FT LAUDERDALE, FL 33351

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MAYUNGBE, ALBERT A, CPA
Address: 1111 PARK CENTRE BLVD, #205
MIAMI, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CASTOR, SEVIGNE
Address: 10352 S.W. 9 LANE
PEMBROKE PINES, FL 33025

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

01/16/2011

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

01/16/2011

Date

11 SEP 27 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA