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WS-20176

COVER LETTER

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

SUBJECT: Ha	crrison tainting	Inc.	
•	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00	№ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
	5- 9- 12-1 2-12-12-12-12-12-12-12-12-12-12-12-12-12	or comment copy	& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
^			
FROM: ~	Scott Harrison		
	Scott Harrison Name	(Printed or typed)	
	122 C.R. 55 1	A dd-oo	
		Address	
	Ray 11 to	27-17	
<u></u>	Bushnell, FL City,	State & Zip	
	,		
	(352) 457-	4146 elephone number	
	Daytime T	elephone number	
	Silling	1-17 51-00 -	M Z
	E-mail address: (to be use	Loll, Sha and for future annual report	notification)

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



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FLORIDA DEPARTMENT OF STATE Division of Corporations

ACCO NO CALLED THE TABLE

March 25, 2015

SCOTT HARRISON 122 CR 551 BUSHNELL, FL 33513

SUBJECT: HARRISON PAINTING INC.

Ref. Number: W15000020676

We have received your document for HARRISON PAINTING INC. and your check(s) totaling \$78.75. 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 915A00005913

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

RTICLE IV SHARES e number of shares of stock is: 100 RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title:	Mailing address, if different is:
RTICLE IV SHARES e number of shares of stock is: 100 RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Scott Harrian Name and Address: 122 C.R. 551 Address: 125 33513 Name and Title: Name and Ti	
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RTICLE IV SHARES e number of shares of stock is: 100 RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Scott Harring President Address \QQ C.R. 551 Address: \Quad \qquad \qua	
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PATICLE IV SHARES e number of shares of stock is: 100 PATICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Scott Harrison Name and Address 122 C.R. 551 Address: Distinct FL US 33513 Name and Title: Name and	all Lawful buisiness
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Name and Ti	tle:	Name and Title:	
Address		Address:	
The <u>name and Flori</u> c	EGISTERED AGENT la street address (P.O. Box NOT acceptable) of Scott Harrison 122 C.R. 551 Bushnell FL 33513	- <u>-</u>	
· · · · · · · · · · · · · · · · · · ·	<u>VCORPORATOR</u>		
The <u>name and addre</u>	ss of the Incorporator is:		
Name:	Scott Harrison	-	
Address:	D2 C.R. 551 Bushnell	7	
	FL, 33513	_	
Having been named this certificate, I am	as registered agent to accept service of proces familiar with and accept the appointment as re	s for the above stated corpora gistered agent and agree to ac	ation at the place designated in ct in this capacity
1.5	Yearing a		03/19/2-15
	Required Signature/Registered Agent	<u> </u>	Date
document to the Dep	ent and affirm that the facts stated herein are artment of State constitutes a third degree felo	e true. I am aware that the fa ny as provided for in s.817.15	dse information submitted in a 5, F.S.
Sua	Harrisan Required Signature/Incorporator		03/19/215 Date
			15 APR 16 AM II:: SEE E E CO BRITALL