

F02000003152^{A2}

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Harrington, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Phillip Webb

(Name of Person)

The Byrne CPA Firm, P.A.

(Firm/Company)

924 West Commerce Street

(Address)

Aberdeen, MS 39730

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Phillip Webb

(Name of Person)

at 662-369-2913

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

F02-3152
6/20

Name	Availability
Document	Examiner
Updater	
Verifier	
Acknowledgment	
W. P. Verifier	

855/310/67
W412 8724



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 28, 2002

PHILLIP WEBB
THE BYRNE CPA FIRM, P A
924 W COMMERCE ST
ABERDEEN, MS 39730

SUBJECT: HARRINGTON, INC.
Ref. Number: W02000008724

We have received your document for HARRINGTON, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 245-6097.

Lakysa Francis
Document Examiner

Letter Number: 702A00018561

02 JUN 20 PM 2:51

FILED

Harrington, Inc.

SPECIAL MEETING

The undersigned, being the President of Harrington, Inc., a MS corporation (the "Corporation"), does hereby consent that the following resolution is deemed to be adopted to the same extent and to have the same force and effect as if adopted by unanimous vote at a formal joint annual meeting of the Shareholders and the Board of Directors of the Corporation duly called and held for the purpose of adopting and acting upon such resolution:

RESOLVED BY THE BOARD OF DIRECTORS that the alternate name for the state of Florida for this Corporation will be:

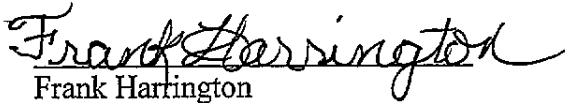
Name

Harrington Enterprises, Inc.

BE IT FURTHER RESOLVED that the actions of the directors of the corporation are hereby ratified, affirmed and approved.

RESOLVED, that this resolution be deemed effective as of April 8, 2002.

PRESIDENT:


Frank Harrington

02 JUN 20 PM 2:51
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Harrington, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Mississippi

(State or country under the law of which it is incorporated)

3. 69-0002754

(FEI number, if applicable)

4. 01-01-02

(Date of incorporation)

5. "perpetual"

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 118 North Long Street

Aberdeen, MS 39730

(Current mailing address)

8. Photography

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Ainsley Blue

Office Address: 1454 NW 106 Street

Gainesville

, Florida, 32606
(Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUN 20 PM 2:51

FILED

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ainsley Blue
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

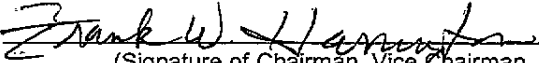
Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**President: Frank HarringtonAddress: 118 North Long StreetAberdeen, MS 39730Vice President: Cathy HarringtonAddress: 118 North Long StreetAberdeen, MS 39730Secretary: Cathy HarringtonAddress: 118 North Long StreetAberdeen, MS 39730Treasurer: Frank HarringtonAddress: 118 North Long StreetAberdeen, MS 39730**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Frank Harrington, President
(Typed or printed name and capacity of person signing application)FILED
02 JUN 20 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State
Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on January 10, 2002 the state of Mississippi issued a Charter/Certificate of Authority to:

HARRINGTON, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is Perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
February 05, 2002

A stylized, cursive handwritten signature of Eric Clark.

ERIC CLARK,
Secretary of State