N07000008551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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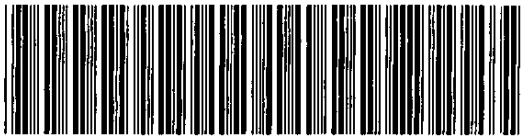

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KS
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COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Harvest International Ministries, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Vernon Stroman, SR.
Name (Printed or typed)

1829 Vista Cove Rd
Address

St. Augustine FL 32084
City, State & Zip

(904) 687-1423
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Harvest International Ministries, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1829 Vista Cove Rd, St. Augustine, FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To teach the gospel principal for life's everyday instructions.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: Directors are elected on a yearly basis, by the board committee.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

(P) Vernon Stroman, SR. - (T) Carrie B. Stroman
(V) Vernon Stroman, JR. -
(T) Sherena Stroman

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Vernon Stroman, SR - 1829 Vista Cove Rd, St Aug. FL 32084
Vernon Stroman, JR - 1829 Vista Cove Rd St. Aug, FL 32084
Sherena Stroman - 174 Desmith St., St. Aug. FL. 32084

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is: Carrie B. Stroman - 1829 Vista Cove, Rd 32084

Vernon Stroman, SR. 1829 Vista Cove Rd, St Aug. FL 32084

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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.

Signature/Registered Agent — Date: 8/27/2007

Signature/Incorporator — Date: 8/27/2007

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TALLAHASSEE, FLORIDA