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COVER LETTER

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

SUBJECT: HARVEST TIME INCORPORATED (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is an original a	nd one(1) copy of the Art	icles 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: TOHN T. WALKER

Name (Printed or typed)

7871 N.W 166 ST.

Address

TRENTON, FL 33693

City, State & Zip

352-949-6300

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 Partia) PR 16 PM 12: 38

ARTICLE	C I	NAME

The name of the corporation shall be:

SECRETARY OF STATE FALL AHASSEE, FLORIDA

+

Harvest Time Inc

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 7871 NW 166 ST
Trenton FI 32693

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To procure, purchase and receive food for distribution to Senior Citizen, Needy families and homeless persons.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

John T Walker, Director

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John T. Walker 7871 NW 166th St Trenton, FI 32693

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John T. Walker 7871 NW 166th St Trenton Fl 32693