MAR-01-2001 15:44

EMPIRE CORP

305 541 3770 P.01/04

Florida Department of State Division of Corporations Public Access System Katherine Harris, Secretary of State

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000022629 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770

## FLORIDA PROFIT CORPORATION OR P.A.

HARVEST MOON CONSULTING, INC.

Page Count	1 04
Certified Copy	1
Certificate of Status	0



3/1/01 4:16 Ph

1 of 2

MAR-01-2001 15:45

EMPIRE CORP

305 541 3770 P.02/04

### 1010nnn22e29

### ARTICLES OF INCORPORATION

of

### HARVEST MOON CONSULTING, INC.

### THE UNDERSIGNED, ACTING AS INCORPORATOR OF A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

#### ARTICLE I

The name of the corporation of Harvest Moon Consulting, Inc.

#### ARTICLE II

The period of its duration is perpetual.

#### ARTICLE III

The date and time of the commencement of the corporate existence shall be the date of the filing of these Articles by the Department of State.

#### ARTICLE IV

The purpose(s) for which the corporation is organized is to engage in the transaction of any or all lawful business for which the corporation may be incorporated under the Florida General Corporation Act.

#### ARTICLE V

The aggregate number of shares which the corporation shall have authority to issue is one thousand (1,000) shares of capital stock, \$1.00 par value.

#### <u>ARTICLE VI</u>

The number of directors constituting the initial Board of Directors of the corporation are one (3) and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until the successors are elected and qualified are:

PRESIDENT: VICE PRESIDENT: SECRETARY/TREASURER: PATRICK GLEBER PATRICK GLEBER PATRICK GLEBER



FILED

is:

EMPIRE CORP

#### ARTICLE VII

The Shares of Capital Stock of this Corporation shall be issued to the following person(s):

NAME	ADDRESS	SHARES
Patrick Gleber	626 S. Miami Avenue	1,000
	Miami, Florida 33130	

#### ARTICLE VIII

The name and address of the incorporator and the address of the principal office

Patrick Gleber 888 Kingman Road Homestead, FL 33035

#### ARTICLE IX

The name and address of the initial registered agent is Kieran P. Fallon 436 S.W. 8<sup>th</sup> Street Miami, Florida 33130

)

)

DATED: 2/2/01

Potrue)	lph_
Patrick Gleber	2
Incorporator	11a
	11_11

Initial Registered Agent

STATE OF FLORIDA

COUNTY OF DADE

The foregoing instrument was acknowledged before me this  $2^{nd}$  day of February 2001/by Patrick Gleber, as the incorporator, who is personally known to me and who did take an oath.

NOTARY PUBLIC State of Florida at Large My Commission Expires:

A Drace in	KIERAN P. FALLON
	MY COMMISSION # CC 791265
7 07 8 Y	SEPTRES: 11/16/2002
1-HK-3-NOTAL	Y Fla. Nutary Services & Bonding Or.
and the second secon	and a second second second second second

MAR-01-2001 15:45

EMPIRE CORP

## H01000n22~29

305 541 3770

P.04/04

MAR - I AHIO:

T)

# CERTIFICATE OF DESIGNATION - REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

Harvest Moon Consulting, Inc.

2. The name and address of the registered office is:

Kieran P. Fallon 436 SW 8<sup>th</sup> Street Miami, Florida 33130

DATED: February 2, 2001

SIGNATURE TITLE: DATE: 2/2/01

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: REGISTERED AGENT TITLE: DATE: 2/2/01

# H0100022628