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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

HARRISON UNIQUE GROUP CORP.

Certificate of Status	0
Certified Copy	1
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01 OCT 19 AM 11:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

B. McKnight OCT 19 2001

CERTIFICATE OF INCORPORATION
OF
HARRISSON UNIQUE GROUP CORP.

I, the undersigned, in order to form a corporation under a pursuant to the provisions of the laws of the State of Florida for the purposes hereafter set forth, hereby subscribe to this Certificate of Incorporation.

ARTICLE I
NAME OF CORPORATION

The name of the proposed corporation shall be:

HARRISSON UNIQUE GROUP CORP.

ARTICLE II
NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation shall be any activity permitted under the laws of the United State of Florida.

ARTICLE III
CAPITAL STOCK

The maximum number of shares of stock that the corporation is authorized to have outstanding at any one time is 500 shares at no par value.

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TALLAHASSEE, FLORIDA

**ARTICLE IV
TERM OF EXISTANCE**

This corporation is to exist perpetually.

**ARTICLE V
PRINCIPAL PLACE OF BUSINESS**

The initial street address in this state of the principal office of this corporation is: 1056 NW 187 TH AVE, PEMBROKE PINES, FL 33029. The board of directors may, from time to time, move the principal office to any other address in Florida.

**ARTICLE VI
DIRECTORS**

This corporation shall have initially two (2) directors. The number of director(s) may increase or diminished from time to time by laws adopted by the stockholders.

**ARTICLE VII
INITIAL DIRECTORS**

The name and address of the member(s) of the first board of director(s) is:

President:	BETTY HARRISSON
Treasurer:	1056 NW 187 TH AVE
Vice-President	PEMBROKE PINES , FL 33029
Secretary	ADRIANA HARRISSON
	1056 NW 187 TH AVE
	PEMBROKE PINES, FL 33029

**ARTICLE VIII
INCORPORATOR**

The name and street address of the person signing these Articles of Incorporation as the incorporator is BETTY HARRISSON.

**ARTICLE IX
REGISTERED AGENT**

The initial designation of the registered office of this corporation shall be 1056 NW 187TH AVE. PEMBROKE PINES, FL 33029.

And the registered agent shall be:

BETTY HARRISSON.

Pursuant to Florida Statutes Section 607.164, having been named to accept process for the above stated corporation, at the place designed in these Articles of Incorporation, I hereby Accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: 
Registered Agent

**ARTICLE X
AMENDMENT**

This corporation reserves the right to amend any provision of this Articles of Incorporation in the manner provided by law. Any rights conferred upon shareholders shall be subject to this reservation.

IN WITNESS WHEREOF, The undersigned has execute, acknowledged and filed the foregoing Articles of Incorporation under that laws of the State of Florida this October 18, 2001.


Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provision of section 607.0501, Florida Statutes, the Undersigned Corporation organized under the laws of the State of Florida submits the following statement in designation the registered office/registered agent, in the state of Florida.

1. The name of the corporation is HARRISSON UNIQUE GROUP CORP.
2. The name and address of the registered agent and office is:

BETTY HARRISSON, 1056 NW 187TH AVE. PEMBROKE PINES, FL 33029.

SIGNATURE
TITLE

President

DATE: October 18, 2001

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. THE FURTHER AGREED TO APPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE October 18, 2001