Department of State Div: P.O. Talla

Division of Corporations P.O. Box 6327				
Tallahassee, FL 32314			100006	5232018
SUBJECT:	HARRELL CO. IN		-07/19 *****	/0201026005
(Proposed corporate name	e - must include suffix)	184	
			A*	
Enclosed is an original and	one (1) copy of the	articles of incorporation	n and a check for:	
□ \$70.00 Filing Fee	✓ \$78.75 Filing Fee & Certificate	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	KEITH HARP Name (Printed			
	2001 N.W. 9 2 Addre			* • • • • • • • • • • • • • • • • • • •
	MIAMI FL 3 City, State			02 JI SECIN TALLA
···-	786 486 080	2		NAME IN THE PROPERTY OF THE PR

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

Daytime Telephone number

PORATION

		form 2
ARTICLES OF 1. The name of the corporation shall be:	Incorporation	ALL THE THE PARTY OF THE PARTY
The principal place of business and mailing		1 Co. 10
2. The principal place of business and maining 2001 NW 928T MIAMI, FL. 331	_	Solat. 30
3. The corporation shall have the authority t		77
4. The registered agent of the corporation is registered street address is		
5. The initial Board of Directors shall have is/are as follows: KETTH HARRELL 2001 N.W. 925T		
The number of directors may be raised corporation but shall in no case be less than of this corporation is street address is	NETTH HARRELL	whose
Dated <u>0714 2002</u>		
	Incorporator	IARRELL
Having been named as registered agent and to corporation at the place designated in this cert stered agent and agree to act in this capacity. If all statutes relating to the proper and composition and accept the obligations of my position	tificate, I hereby accept the ap : I further agree to comply we plete performance of my dutie	ppointment as reg- vith the provisions
Dated 07 16 2002		5
	KETTH HA	RRELL
	Registered Agent	-