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03 APR 15 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Bm 4/17

## TRANSMITTAL LETTER

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

SUBJECT: HAROLD'S FINANCIAL SERVICES 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: Juanita G. Harold  
Name (printed or typed)

1118 Pine Avenue  
Address

SANFORD, FL 32771-2932  
City, State & Zip

(407) 323-1597  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

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TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

*Harold's Financial Services Inc*

### ARTICLE II PRINCIPAL OFFICE

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

*1118 pine Avenue  
Sanford, Fla 32771*

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

*10*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Juanita G. Harold  
1118 pine Avenue  
Sanford, Fla 32771*

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Juanita G. Harold  
1118 pine Avenue  
Sanford Fla 32771

Christopher K Eaddy Sr  
1118 pine Avenue  
Sanford Fla 32771

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3<sup>rd</sup> day of April, 2003.

Juanita G. Harold

Signature

Signature

Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: HAROLD'S Financial Service INC

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

Juanita G. Harold  
(Name)

1118 Pine Ave.  
(P.O. Box not acceptable)

SANFORD, FL. 32771  
(City/State/Zip)

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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. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Juanita G. Harold  
(Signature)

4/3/03  
(Date)