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TRANSMITTAL LETTER

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

SUBJECT:	I HEAR A H	IARP, INC.	
	(PROPOSED CORPORA	TE NAME - MUST INCL.	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:		ESTELLA Mi (Printed or typed) Cockatiel DR	
		(SON ville, State & Zip	FL 32225
	Daytime 7	22/-6625 Telephone number	

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

ARTICLE I NAME	
The name of the corporation shall be:	I HEAR A HARP, INC.
ARTICLE II PRINCIPAL O	FFICE
The principal place of business/mailir	ng address is: 180 COCKATIEL DR. JACKSONUILLE, FL. 32228
	JACKSONUTCLE, FL. 32223
ARTICLE III PURPOSE	e e e e e e e e e e e e e e e e e e e
The purpose for which the corporati	ion is organized is:
	SALE OF HARP Books
ARTICLE IV SHARES	$oldsymbol{arphi}_{i}^{i}$
The number of shares of stock is:	1000 SHARES STATES
•	CERS AND/OR DIRECTORS
	CERS AND/OR DIRECTORS
List name(s), address(es) and specifi	ic title(s):
President & Sec	testory, Estella Mielke-Ashbyn
	0
	ED AGENT
	SED AGENT SE of the registered agent is: Estella Mielke-Ashby
	ED AGENT SS of the registered agent is: Estella Mielke - Ashby 180 Cockattel Dr
	SED AGENT SE of the registered agent is: Estella Mielke-Ashby
The <u>name and Florida street addres</u> ARTICLE VII INCORPORA	ED AGENT SE of the registered agent is: Estella Mielke - Ashby 180 CockATIEL DR JACKSONUILLE, FL 32235
The name and Florida street address ARTICLE VII INCORPORA	ED AGENT SE of the registered agent is: Estella Mielke-Ashby 180 CockATIEL DR JACKSONVIlle, FL 32225 ITOR orator is: ESTELLA Mielke-Ashby
The name and Florida street address ARTICLE VII INCORPORA	ED AGENT SS of the registered agent is: Estella Mielke-Ashby 180 CockATIEL DR JACKSONUILLE, FL 32225 ITOR Orator is: ESTELLA Mielke-Ashby 180 Cockatiel DR
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