

PD60000 74433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

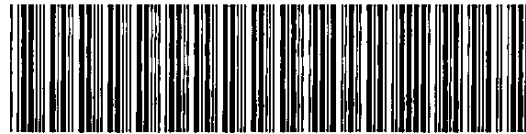
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/06--01026--006 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY 30 AM 9:21

FILED

MRD
5/31

1006-21425

COVER LETTER

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

SUBJECT: Harvest Workers Network

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: David Modeste

Name (Printed or typed)

1203 E. 12 th Street

Address

Jacksonville, FL. 32206

City, State & Zip

904-358-9097

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2006

DAVID MODESTE
1203 E 12TH STREET
JACKSONVILLE, FL 32206

SUBJECT: HARVEST WORKERS NETWORK INC.
Ref. Number: W06000021425

RECEIVED
06 MAY 30 PM 1:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for HARVEST WORKERS NETWORK INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 706A00032758

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Harvest Workers Network Inc.

06 MAY 30 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P. O. Box 13242, Jacksonville FL. 32206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To produce, distribute and market positive information via all available media outlets, not limited to, but including Television, DVD's, Video's the Internet, Radio and Literature.

ARTICLE IV SHARES

The number of shares of stock is:

~~None Stock~~ ONE HUNDRED (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Marsha Yarbrough 2986 Gulf Stream Lane Jacksonville FL. 32250

President

Annette Modeste 1203 E. 12th Street Jacksonville FL. 32206

Vice President

David Modeste 1203 E. 12th Street Jacksonville FL. 32206

Production Manager

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Marsha Yarbrough
2986 Gulf Stream Lane
Jacksonville, Florida 32250

ARTICLE VII INCORPORATOR

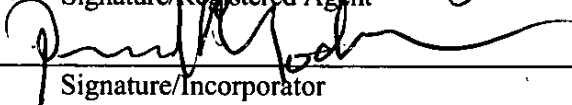
The name and address of the Incorporator is:

David Modeste
1203 E. 12th Street, Jacksonville, Florida 32206
Phone: 904-358-9097

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

4-27-06

Date

4-27-06

Date