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2008 MAY 14 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CJ. 5-14

## COVER LETTER

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

SUBJECT: HARMONY GARDEN, INC  
(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: Claudia Bernal  
Name (Printed or typed)  
9090 N US Highway #2  
Sebastian FL 32958  
Address  
Sebastian FL 32958  
City, State & Zip  
(954) 7096219  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2008

CLAUDIA BERNAL  
9090 N US HWY 2  
SEBASTIAN, FL 32958

SUBJECT: HARMONY GARDEN, INC  
Ref. Number: W08000020859

We have received your document for HARMONY GARDEN, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
New Filing Section

Letter Number: 208A00024945

FILED

**ARTICLES OF INCORPORATION**

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

2008 MAY 14 PM 1:14

**ARTICLE I NAME**

The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HARMONY DREAMS, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

9090 N US HIGHWAY 1 # 2 Sebastian FL, 32958

Mailing Address -> 2220 N Cypress Bend Dr #202 Pompano Beach FL 33069

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MASSAGE THERAPY

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Jennifer Alzate 8518 SW 766 PL Miami FL 33193  
President

Claudia Bernal 2220 N Cypress Bend Dr #202  
Vice President Pompano Beach FL 33069

**ARTICLE VI REGISTERED AGENT**

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

Claudia Bernal  
2220 N. Cypress Bend Dr Apt 202  
Pompano Beach FL 33069

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Claudia Bernal  
2220 N Cypress Bend Dr Apt 202  
Pompano Beach FL 33069

\*\*\*\*\*

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

Claudia Bernal

Signature/Incorporator / Registered Agent

05/10/08  
Date