

P10000083137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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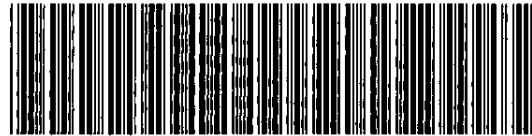
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT -8 PM 2:17

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PS 10/12/10

## COVER LETTER

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

SUBJECT: Harvester Consulting, 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: ABRAHAM UCCELLO

Name (Printed or typed)

221 BEACH RD. #122

Address

SIESTA KEY, FLORIDA 34242

City, State & Zip

941-284-3458

Daytime Telephone number

abe.uccello@gmail.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

**ARTICLE I NAME**

The name of the corporation shall be: HARVESTER CONSULTING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
221 BEACH RD. #122  
SIESTA KEY, FLORIDA 34242

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TECHNICAL CONSULTING

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ABRAHAM UCCELLO, PRESIDENT  
Address: 221 BEACH RD. #122  
SIESTA KEY, FLORIDA 34242

Name and Title: ABRAHAM UCCELLO, TREASURER  
Address: 221 BEACH RD. #122  
SIESTA KEY, FLORIDA 34242

Name and Title: TRACY FIPPINGER, VICE PRESIDENT  
Address: 221 BEACH RD. #122  
SIESTA KEY, FLORIDA 34242

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ABRAHAM UCCELLO  
Address: 221 BEACH RD. #122  
SIESTA KEY, FLORIDA 34242

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ABRAHAM UCCELLO  
Address: 221 BEACH RD. #122  
SIESTA KEY, FLORIDA 34242

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

  
\_\_\_\_\_  
Required Signature/Registered Agent

October 5, 2010  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature/Incorporator

October 5, 2010  
\_\_\_\_\_  
Date

10 OCT -8 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED