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(Cit	ty/State/Zip/Phone	· • #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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Special Instructions to	Filing Officer:			





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DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: HARMONIAL COR (PROPOSED CORPORAT	PORATION
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	les of incorporation and a check for:
\$70.00 \$78.75 Filing Fee	\$78.75 \$87.50 Filing Fee,
& Certificate of Status	& Certified Copy Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: OYVINI Name	BERG (Printed or typed)
1131 S ROGERS	S CIRCLE SUITE 34A ddress
BOCA RATON, FL City,	•
(561) 447-71 Daytime Te	170 Elephone number
birgitehan E-mailaddress: (to be used	nonx Corp. Com for future annual report notification)

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



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11 MAR 17 PM 12: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2011

OYVIND BERG 1181 S ROGERS CIRCLE SUITE 34A BOCA RATON, FL 33487

SUBJECT: HARMONIAL CORPORATION

Ref. Number: W11000013532

We have received your document for HARMONIAL CORPORATION, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees: \$35.00 Registered Agent Designation \$35.00 Certified Copy \$87.50 Certificate of Status \$8.75

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 611A00005822

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

ARTICLE I No. 1 The name of the corp	NAME poration shall be: Harmon	ial Losperation	r
ARTICLE II I	PRINCIPAL OFFICE		
	Principal street address	Mailing a	address, if different is:
_//	181 5 Rogers Cir		
	BOLD RATON, FL. 33487		
ARTICLE III P	·	,	
	ich the corporation is organized is:		
Import	& sales of cosme	tic and medica	equipment
	SHARES s of stock is: 100,000		
	NITIAL OFFICERS AND/OR DIRE		
Name and Title	e. Dyvind Beis Pres	Sidea T Name and Title:	·
Address:	Suite 34A		
	BOLA RATON, FL. 334	¥ 7	
	e: Birgit Strickland,	Sec/TieName and Title:	
Address:	1181 S Rogers CIC	Address:	
	Bocq Raton Fl. 334		14
	Bolg Raton Fl. 334	<u> </u>	
Name and Title	e:	Name and Title:	三 第 四
Address:	·	Address:	705 -
			福兰 1 11
			!"呈 - O
			23:00
	REGISTERED AGENT		A WA WAY OF THE WAY OF
	da street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Byrind Bers	- 1. 71/4	\$ *
Address:	1181 S. Rogels Lir, & Borg Raton, FL. 334	COT SY IT	
	BOLG RAFON, FL. 354	8 /	
ARTICLE VII I	NCORPORATOR		
he name and addr	ess of the Incorporator is:		
Name:	DYVING Beig		
Address:	1181 5 Rogertie Su.	te 344	
	BOCK RAFON. FL. 334	<u> </u>	
7		C	at the state of the state of the
	as registered agent to accept service of		
us cerujicute, i um	familiar with and accept the appointmen	n as regisierea agent ana agree to t	ici in inis cupacuy
_	'3		3/./
	Required Signature/Registered Ag		<u> </u>
	Required Signature/Registered Ag	ent	Date
submit this docum	ent and affirm that the facts stated her	rein are true. I am aware that the	false information submitted in
	partment of State constitutes a third degre		
энг энг энг	(-	y - way we provided you in aid 1/11	1 1
	Required Signature/Incorporate		3/2/1.
<u> </u>	Required Signature/Incorporate		