P11000048965

(Requestor's Name)
,
(Address)
(Address)
, , ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Booding it Manual)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

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WII- 26792



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SECRETARY OF STATE
ALLAHASSEE, FLORION

1c 5/24/11



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2011

LINDA HARRELL 10539 CANARY ISLE DRIVE TAMPA, FL 33647

SUBJECT: HARRELL ENTERPRISES, INC.

Ref. Number: W11000026792

We have received your document for HARRELL ENTERPRISES, INC. and your check(s) totaling \$70.00. 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 number of the name conflict is P02000087800 (HARRELL ENTERPRISES, INC.).

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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section Letter Number: 011A00011998 OF CORPORATIONS

www.sunbiz.org

COVER LETTER

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

SUBJECT: Harrell Enterply (PROPOSED CORPORA)	SCS, Inc. rename- <u>must include suffix</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	·
FROM: Linda Harvell Name	(Printed or typed)
10539 Canan	Jsle Druve
Tampa, FL City,	33647 State & Zip
813-982-1202 Daytime To	elephone number
Havell Entenen	555 a tampabay. Re. com

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

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

	PRINCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
	10539 Canary Isle Drive		
	Tampa, FL 33647		
ARTICLE III The purpose for	which the corporation is organized is:		
	nd lawfuł purpose.		===
, any logal al	Ta Tarriar parpoos.		11 MAY 23 ALLAHASSE
			2
			instance.
			S 23
ARTICLE IV	SHARES		
	nares of stock is:100		
			· 55 97 97
	INITIAL OFFICERS AND/OR DIRECTO		H 5: 19
	Title: Linda Harrell, President	Name and Title:	
Address:	10539 Canary Isle Drive	Address:	
	Tampa, FL 33647		
Name and	Title: Albert Harrell, Vice-President	Name and Title:	
Address:	10539 Canary Isle Drive		
	Tampa, FL 33647		
	mul.		
Name and Address:	Title:	Name and Title:	
71441055.			
ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable)) of the registered agent is:	
Name:	Linda Harrell	<u> </u>	
Address:	10539 Canary Isle Drive		
,	Tampa, FL 33647		
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Linda Harrell		
	Linda Harrell 10539 Canary Isle Drive Tampa, FL 33647		
Name: Address: Having been name	10539 Canary Isle Drive Tampa, FL 33647 med as registered agent to accept service of proc		
Name: Address: Having been name	10539 Canary Isle Drive Tampa, FL 33647		
Name: Address: Having been nai	10539 Canary Isle Drive Tampa, FL 33647 med as registered agent to accept service of proc		act in this capacity
Name: Address: Having been nai	10539 Canary Isle Drive Tampa, FL 33647 med as registered agent to accept service of proc		
Name: Address: Having been naithis certificate, I	10539 Canary Isle Drive Tampa, FL 33647 med as registered agent to accept service of proc am familiar with and accept the appointment as a Required Signature/Registered Agent cument and affirm that the facts stated herein a	registered agent and agree to	May 8, 2011 Date te false information submitted in
Name: Address: Having been naithis certificate, I	10539 Canary Isle Drive Tampa, FL 33647 med as registered agent to accept service of proc am familiar with and accept the appointment as a Required Signature/Registered Agent	registered agent and agree to	May 8, 2011 Date te false information submitted in
Name: Address: Having been naithis certificate, I	10539 Canary Isle Drive Tampa, FL 33647 med as registered agent to accept service of proc am familiar with and accept the appointment as a Required Signature/Registered Agent cument and affirm that the facts stated herein a	registered agent and agree to	May 8, 2011 Date te false information submitted in