

PI1000050632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

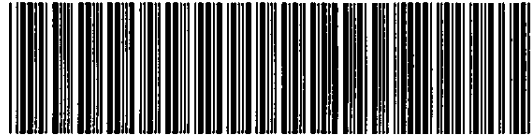
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11 MAY 26 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

1/4

## COVER LETTER

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

**SUBJECT: Harmony Health Management Incorporated**  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Tina Zambrana

Name (Printed or typed)

7222 SW 138th Place

Address

Miami FL 33183

City, State & Zip

305-926-3908

Daytime Telephone number

tina.zambrana2011@yahoo.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME** Harmony Health Management Incorporated  
The name of the corporation shall be:

11 MAY 26 PM 2:17

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
7222 SW 138th Place  
Miami FL 33183

Mailing address, if different is: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To offer consulting and business growth strategies for the human and veterinary industry.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>Tina Zambrana CEO/President</u>	Name and Title: _____
Address: <u>7222 SW 138th Place</u>	Address: _____
<u>Miami FL 33183</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Tina Zambrana  
Address: 7222 SW 138th Place  
Miami FL 33183

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tina Zambrana  
Address: 7222 SW 138th Place  
Miami FL 33183

*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*

Tina Zambrana  
Required Signature/Registered Agent

May 17, 2011  
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.*

Tina Zambrana  
Required Signature/Incorporator

May 17, 2011  
Date