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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

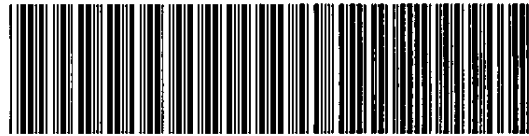
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/27/11--01016--001 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 27 PM 3:54



9/27

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COVER LETTER

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

SUBJECT: HARMONY MEDICAL INSTITUTE, 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: HARMONY MEDICAL INSTITUTE, INC.
Name (Printed or typed)

5811 W. HALLANDALE BEACH BLVD
Address

WEST PARK FL 33023
City, State & Zip

754-204-0580
Daytime Telephone number

al_mayungbe@yahoo.com
E-mail address: (to be used for future annual report notification)

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

HARMONY MEDICAL INSTITUTE, INC

5811 West Hallandale Beach Boulevard West Park, Fl 33023 754-204-0580

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

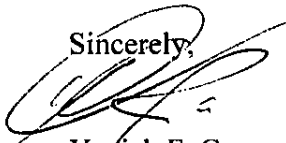
September 16, 2011

Subject: Release of Corporation Name

This is to certify that I am the President of HARMONY MEDICAL INSTITUTE, INC., listed under document No: P09000001456, and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using the name in the future.

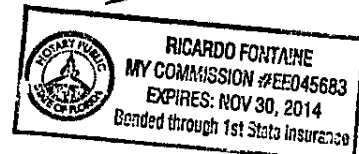
Sincerely,



Yanick F. Castor
President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 27 PM 3:54



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: **HARMONY MEDICAL INSTITUTE, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
5811 W. HALLANDALE BEACH BLVD
WEST PARK, FL 33023

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PERFORM ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **CASTOR, SEVIGNE: PRESIDENT**
Address: **10352 S.W. 9 LANE**
PEMBROKE PINES, FL 33025

Name and Title: **FONTIANE, RAYMOND: VP**
Address: **946 S.W. 102 TERRACE**
PEMBROKE PINES, FL 33025

Name and Title: **CASTOR, YANICK: VP**
Address: **10352 S.W. 9 LANE**
PEMBROKE PINES, FL 33025

Name and Title: _____
Address: _____

Name and Title: **DERIZIER, NIRVA: VP**
Address: **8431 N.W. 44 COURT**
FT LAUDERDALE, FL 33351

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

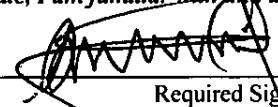
Name: **MAYUNGBE, ALBERT A, CPA**
Address: **1111 PARK CENTRE BLVD, #205**
MIAMI, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **CASTOR, SEVIGNE**
Address: **10352 S.W. 9 LANE**
PEMBROKE PINES, FL 33025

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

01/16/2011

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.



Required Signature/Incorporator

01/16/2011

Date

11 SEP 27 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA