

P12000052915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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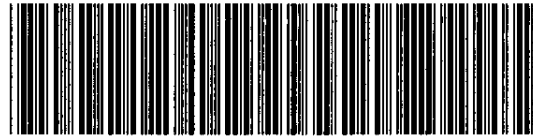
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/11/12--01039--013 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 11 AM 11:37

Ps 6/12/12

COVER LETTER

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

SUBJECT: Harris Health Care 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: Russell Harris
Name (Printed or typed)

3262 Abel Ave
Address

Pace FL 32571
City, State & Zip

850-516-4847
Daytime Telephone number

harrishealthcare12@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME Harris Health Care INC.
The name of the corporation shall be:

12 JUN 11 AM 11:37

ARTICLE II PRINCIPAL OFFICE

Principal street address
1706 E Olive Rd
Pensacola, FL
32514

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The Corporation is designed for Assisted Living Facilities.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|---|-----------------------|
| Name and Title: <u>Russell Harris / Owner</u> | Name and Title: _____ |
| Address: <u>3262 Abel Ave</u> | Address: _____ |
| <u>Pace FL</u> | _____ |
| <u>32571</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: Russell Harris
Address: 3262 Abel ave
Pace fl 32571

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Russell Harri
Address: 3262 Abel Ave
Pace fl 32571

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

Russell Lynn Harris
Required Signature/Registered Agent

6/6/12
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.

Russell Lynn Harris
Required Signature/Incorporator

6/6/12
Date