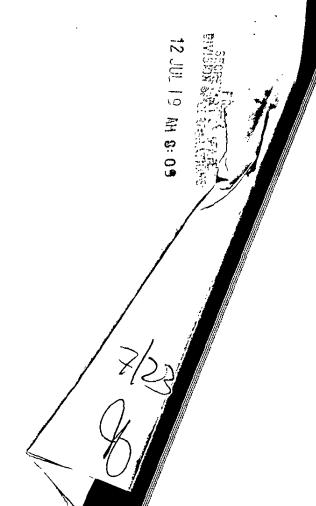
P12000064124

| (R | equestor's Name) | | | |
|---|----------------------|--------|--|--|
| (Address) | | | | |
| (A | ddress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Bi | usiness Entity Name) | | | |
| (De | ocument Number) | | | |
| Certified Copies | _ Certificates of | Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Office Use Only | | | | |



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07/19/12--01020--005 **78.75



COVER LETTER

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

| SUBJECT: Harmony Three Inc. | |
|--|---|
| (PROPOSED CORPOR | ATE NAME – <u>MUST INCLUDE SUFFIX</u>) |
| Enclosed are an original and one (1) copy of the ar | ticles of incorporation and a check for: |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status |
| • | ADDITIONAL COPY REQUIRED |
| FROM: Robyn G. States | e (Printed or typed) |
| 3624 Aberdeen Dr. | |
| | Address |
| Sarasota, FL 34240 | , State & Zip |
| 941-780-2370 Daytime 1 | Γelephone number |
| robyn.states@gmail.con E-mail address; (to be use | ned 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)

| ARTICLE II | PRINCIPAL OFFICE | | |
|---------------------|---|--------------------------------------|--|
| | Principal street address | Mailing a | ddress, if different is: |
| | 3624 Aberdeen Dr. | | |
| \$ | Sarasota, FL 34240 | | |
| - | | | |
| ARTICLE III | PURPOSE | | |
| | which the corporation is organized is: | • | • |
| The ownersh | ip and operation of business en | terprises. | |
| | | | |
| | | • | |
| | | | |
| | | | |
| ARTICLE IV | | | |
| ne number of sna | res of stock is: 10,000 | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRE | CTORS | |
| Name and T | itle:Aubrey M. Will 2853 Webber Pl. | Name and Title: | |
| Address: | 2853 Webber Pl. | Address: | |
| | Sarasota, FL 34232 | | |
| • | | | |
| Name and T | itle:Kheng K_Tan 4801 Cherry Laurel Circle | Name and Title: | |
| Address: | 4801 Cherry Laurel Circle | Address: | |
| •••• | Sarasota, FL 34241 | | |
| • | 1 | | |
| No | St. L. M. Olaka | | |
| Address: | itle: Jay M. States 3624 Aberdeen Dr. | Name and Title: | |
| Audiess. | Sarasota, FL 34240 | | |
| | Salasula, FL 34240 | | |
| | | | 12 |
| | REGISTERED AGENT | 11.5 6.4 | en tag |
| | orida street address (P.O. Box NOT accept | | Fig. 1 |
| Name: Address: | Robyn States | | |
| Address: | 3624 Aberdeen Dr. Sarasota, FL 34240 | | O |
| • | Sarasola, FL 34240 | | |
| ARTICLE VII | INCORPORATOR | | |
| | iress of the Incorporator is: | | ###################################### |
| Name: | Robyn States | | |
| Address: | 3624 Aberdeen Dr. | · | i de la companya de l |
| | Sarasota, FL 34240 | | |
| lmina kasu uam | ed as registered agent to accept service of | nuces for the above stated count | ration at the place designated i |
| | eu us registereu ugent to uccept service of m familiar with andfaccept the appointment | | |
| ns cernyicuic, 1 ui | an jumings your uniquecept the appointment | us registered agent and agree to a | ci iii iii capiiciiy |
| • | 1/ 1/1/ | | July 16, 2012 |
| | Required Signature/Registered Age | nt . | July 16, 2012 Date |
| | / Required organisator Registered Age | *** | Duit |
| submit this docu | ment and affirm that the fags stated here | in are true. I am aware that the | false information submitted in |
| ocument to the D | epartment of State constitutes a third degree | e felony as provided for in s.817.15 | 75, F.S. |
| | 11/4/1-1 | | |
| | 11 AAAA | | July 16, 2012 |
| | Required Signature/Incorporator | | Date |