

P13000088484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

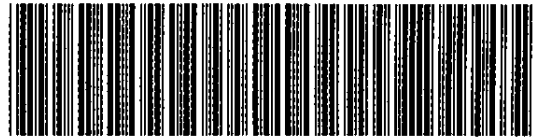
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800253146288

10/28/13--01011--019 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 28 PM 12:17

10/29/13

## COVER LETTER

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

SUBJECT: **PHarp 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: **Pamela Hawkins**

Name (Printed or typed)

**3000 NW 110th AVE**

Address

**Sunrise, FL 33322**

City, State & Zip

**954-882-3848**

Daytime Telephone number

**PHAWK21@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 28 PM 12:17

**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**

The name of the corporation shall be: PHarp INC

13 OCT 28 PM 12:17

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3000 NW 110th AVE

Sunrise, FL 33322

Mailing address, if different is:

3000 NW 110th AVE

Sunrise, FL 33322

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Corporation shall engage in any activity or business permitted

under the laws of the United States and of the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000 par value .01

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

Name and Title: Pamela Hawkins President

Address: 3000 NW 110th AVE

Sunrise, FL 33322

Name and Title: N/A

Address: \_\_\_\_\_

Name and Title: Pamela Hawkins Secretary

Address: 3000 NW 110th AVE

Sunrise, FL 33322

Name and Title: N/A

Address: \_\_\_\_\_

Name and Title: Pamela Hawkins Treasurer

Address: 3000 NW 110th AVE

Sunrise, FL 33322

Name and Title: N/A

Address: \_\_\_\_\_

(conti.)

Name and Title: N/A Name and Title: N/A  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Pamela Hawkins  
Address: 3000 NW 110th AVE  
Sunrise, FL 33322

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pamela Hawkins  
Address: 3000 NW 110th AVE  
Sunrise, FL 33322

*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

10/23/13  
\_\_\_\_\_  
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

10/23/13  
\_\_\_\_\_  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 28 PM 12:17