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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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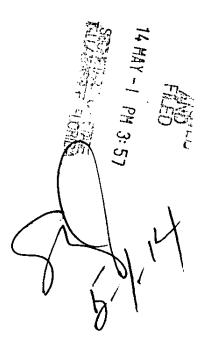
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TO ACKNOWLENGE SUFFICIENCY OF FILING PROPERTY OF STATE



COVER LETTER

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

SUBJEC	r: Pete	er Harris & Com	pany ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed :	are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
	\$70.00 ling Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
F	ROM: Р	eter Harris		
	4 4	Nam	e (Printed or typed)	

Name (Printed or typed)

1114 Marion Avenue

Address

Tallahassee, Florida 32303

City, State & Zip

850/50897248

Daytime Telephone number

peter@peterfharris.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

Par
17 - 19 3:5 ntis:
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7/1

Name	and Title: Name and Tit	tle:
Addr	ess Address:	
RTICLE V	I REGISTERED AGENT 1 Florida street address (P.O. Box NOT acceptable) of the registered a	agent is:
√ame:	Peter Harris	5 5000 15.
Address:	1114 Marion Avenue	
	Tallahassee, Florida 32303	
RTICLE V		
he <u>name anc</u>	1 address of the Incorporator is:	
Name:	Peter Harris	
Address:	1114 Marion Avenue	
	Tallahassee, Florida 32303	
aving been is certified	named as registered agent to accept service of process for the above The familiar with and accept the appointment as registered agent a	and agree to act in this capacity
1		April 29, 2014
-	Required Signature/Registered Agent	Date
submit this ocument tq1	document and affirm that the facts stated herein are true. I am aw the Department of State constitutes a third degree felony as provided f	are that the false information submitted in for in s.817.155, F.S.
X		April 29, 2014
(1		/ (PIII = 0 , = 0 1)

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