

P/4000038324

(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

Special Instructions to Filing Officer:

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RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF CORPORATION  
2014 MAY -1 PM 3:51  
NOT ATTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

AND  
FILED  
14 MAY -1 PM 3:57  
SECRETARY OF THE  
TREASURY  
FEDERAL RESERVE  
SYSTEM

Handwritten signature and initials

## COVER LETTER

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

SUBJECT: **Peter Harris & Company**

(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: **Peter Harris**

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**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: Peter Harris & Company

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

1114 Marion Avenue  
Tallahassee, Florida 32303

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: any and all lawful business purpose.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Peter Harris, Pres. Dir

Address: 1114 Marion Avenue  
Tallahassee, Florida  
32303

Name and Title: \_\_\_\_\_

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

Name and Title: Elvira Harris, VP, Dir

Address: 1114 Marion Avenue  
Tallahassee, Florida  
32303

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

APPROVED  
AND  
FILED  
14 MAY -1 PM 3:57  
TALLAHASSEE  
FLORIDA

(conti.)

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: Peter Harris  
Address: 1114 Marion Avenue  
Tallahassee, Florida 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Peter Harris  
Address: 1114 Marion Avenue  
Tallahassee, Florida 32303


*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

April 29, 2014

\_\_\_\_\_  
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

April 29, 2014

\_\_\_\_\_  
Date