PISCOCC	66509
(Requestor's Name) (Address)	800273346738
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	08/10/1501001008 **70.00
(Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	DEPARTNER OF AUG -7 PH 4:07
Office Use Only	FILED SECRETARY OF STATE JIVISION OF CORPORATION 15 AUG - 7 PH 4: 15
	AUG 0 7 2015 ***

I

	· · · · · _ ·
$\mathcal{P} = \mathcal{P}$	
1. A. M. A.	
CAPITAL CONNECTION, INC.	· · ·
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
•	
	_{
IARRISON LOTS, INC.	
	-
· · · · · · · · · · · · · · · · · · ·	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SN 08/07/15	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

T

Т

т |

т Т

COVER LETTER

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

SUBJECT: HARRISON LOTS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee

□ \$78.75 Filing Fcc & Certificate of Status

\$78.75
Filing Fee
& Certified Copy

Status

ADDITIONAL COPY REQUIRED

DANIEL MOSKOVITZ

Name (Printed or typed)

48 E FLAGLER ST PH-104

Address

MIAMI FL 33131

City, State & Zip

3053712248

Daytime Telephone number

SM@3MLAW.NET

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)

-:

. .

4

R <u>TICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address		Mailing add	ress, if different is:
EFLAGLER ST	· · · · · · · · · · · · · · · · · · ·		
ТЕ РН-104			
MI, FL 33131			- <u></u>
TICLE III PU purpose for whit	RPOSE ANY ANI ch the corporation is organized is:	D ALL LAWFUL PURPOSE	
			15 P
			UG NRETV
ICLE IV SHA	IRES 1000		V PH CORP
ICLE IV SHA	IRES 1000 of stock is:		Y OF STA CORPORA PH 4:
number of shares	Of stock is:		GRACE STA
number of shares	OF Stock is:	Name and Title:	ortAle ortAllows
number of shares	Of stock is:	Name and Title:	ortAle ortAllows
number of shares I <u>CLE V INI1</u> Name and T	of stock is:	Name and Title:	ORATIONS 4:15
number of shares I <u>CLE V INI1</u> Name and T	of stock is:	Name and Title:	ORATIONS 4:15
number of shares I <u>CLE V INI1</u> Name and T Address	of stock is:	Name and Title: Address:	STALE ORATIONS F: 15
number of shares I <u>CLE V INI1</u> Name and T Address	of stock is: <u>CLAL OFFICERS AND/OR DIRECTORS</u> itlo: <u>48 E FLAGLER STREET</u> PH-104 MIAMI, FL 33131	Name and Title: Address:	STALE ORATIONS F: 15
Name and Tit	of stock is:	Name and Title: Address: Name and Title: Address:	F: 15
Name and T Address Name and T Address	of stock is: <u>CLAL OFFICERS AND/OR DIRECTORS</u> itle: <u>WILLIAM WIENER, PSTD</u> 48 E FLAGLER STREET PH-104 MIAMI, FL 33131 le:	Name and Title:	F: 15

Name and Titl	c:	Name and Title:
Address		Address;

<u>ARTICLE VI REGISTERED AGENT</u>

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

Name:	DANIEL MOSKOVIIZ	
Addr ess :	48 E FLAGLER STREET PH-104	
	MIAMI FL 33131	

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:		
Name:	DANIEL MOSKOVITZ	
Address:	48 E FLAGLER STREET PH-104	
	MIAMI EL 33131	

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing:

_____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

100 Required Signature Registered Agent

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/Incorpor

8/7/2015

8/7/2015

Date

Date

AUG -

PM L: