

P15000066509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

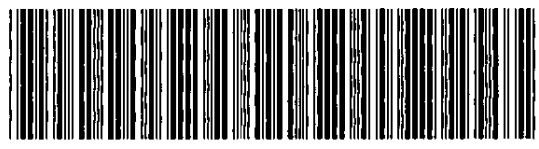
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800273346738

08/10/15--01001--008 **70.00

15 AUG - 7 PM 4: 07

RECEIVED
DEPARTMENT OF STATE

15 AUG - 7 PM 4: 15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

AUG 07 2015
T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HARRISON 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 _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: SN _____ 08/07/15 _____
Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

HARRISON LOTS, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

48 E FLAGLER ST

SUITE PH-104

MIAMI, FL 33131

ARTICLE III PURPOSE

ANY AND ALL LAWFUL PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM WIENER, PSTD

Name and Title:

Address 48 E FLAGLER STREET

Address:

PH-104

MIAMI, FL 33131

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 AUG - 7 PM 4: 15

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: DANIEL MOSKOVITZ
 Address: 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 FL 33131

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 15 AUG - 7 PM 4: 15

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.)

Note: 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

Daniel Moskowitz 8/7/2015
 Required Signature/Registered Agent 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.

Daniel Moskowitz 8/7/2015
 Required Signature/Incorporator Date