

PI6 0000 41751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

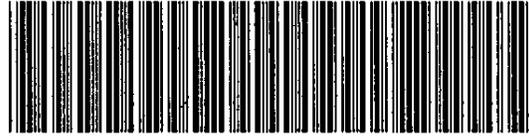
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/22/16--01017--025 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 22 AM 10:33

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 22 AM 10: 33

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

SUBJECT: Harry Herwig 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: Harry Herwig

Name (Printed or typed)

0550 SR 84, lot 289

Address

Davie FL 33317

City, State & Zip

86-426-6989

Daytime Telephone number

crunit30@aol.com

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

RECEIVED
16 MAY 12 AM 10: 41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2016

HARRY HERWIG
10550 SW 84, LOT 289
DAVIE, FL 33317

SUBJECT: HARRY HERWIG INC
Ref. Number: W16000031547

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 22 AM 10:33

We have received your document for HARRY HERWIG INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and the incorporator must sign their full legal name accepting the designation.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 816A00008828

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: Harry Herwig Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
10550 SR 84, lot 289
Davie FL 33317

Mailing address, if different is:
3815 N US HWY 1, unit 30
Cocoa FL 32926

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Subcontractor

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Harry Herwig President</u>	Name and Title:	_____
Address	<u>10550 SR 84, lot 289</u> <u>Davie FL 33317</u>	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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DIVISION OF CORPORATIONS
16 APR 22 AM 10:33

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: Harry Herwig
 Address: 10550 SR 84, lot 289
Davie FL 33317

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Harry Herwig
 Address: 10550 SR 84, lot 289
Davie FL 33317

STATE OF FLORIDA
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 16 APR 22 AM 10:33

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/7/2016. (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

Harry Herwig
 Required Signature/Registered Agent

5-7-16
 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.

Harry Herwig
 Required Signature/Incorporator

5-7-16
 Date