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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Email Address:

Account Name : BLANCO ACCOUNTING I, INC.

Account Number: I20100000060
Phone: (305)828-1148

Fax Number : (305)828-1709

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION
Harmony Financial Group Inc

Certificate of Status	0
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November 16, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLANCO

SUBJECT: HARMONY FINANCIAL GROUP INC

REF: W16000077582

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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

Tyrone Scott Regulatory Specialist II New Filings Section FAX Aud. #: H16000281708 Letter Number: 116A00024596

P.O BOX 6327 - Tallahassec, Florida 32314

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profil) V | 6 AFI 9: 15

The name of the comparate	on shall be: Harmony Financial Group Inc	10
ARTICLE II PRINC		Mailing address, if different is:
145 SW 13 Street Suite	619	145 SW 13 Street Suite 619
Miami FL 33130		Miami FL 33130
IRTICLE III PURPO The purpose for which the	SE any AND se corporation is organized is:	ALL LAWFUL BUSINESS
		·
		Name and Title:
Address	145 SW 13 Street Suite 619	Address:
	Miami FL 33130	<u> </u>
Name and Title		Name and Title:
Address		Address:
Name and Title		Name and Title:
Address	**************************************	Address:
		•

Name an	d Tide:	Name and Title:
Address		Address:
	·····	<del></del>
	<u>REGISTERED AGENT</u> <u>brida street addreas</u> (P.O. Box N <b>OT</b> acceptable) c	of the unclinated againstic.
Name:	EDUARDO ZBINDEN	or the registreet again is.
Address:	145 SW 13 Street Suite 619	_
Address:	Miami FL 33130	_
		_
RTICLE VII	INCORPORATOR	·
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	EDUARDO ZBINDEN	<b>-</b>
Address:	145 SW 13 Street Suite 619	_
	Miami FL 33130	_
. DOVE CARE	DEED CONTRACT DATE	
Effective date, if	Other than the date of filling:	, (OPTIONAL)
(If an effective o Ning.)	late is listed, the date must be specific and cann	ot be more than five days prior or 90 days after the
	e inserted in this block does not meet the applicable ffective date on the Department of State's records.	e statutory filing requirements, this date will not be listed.
Having been na this certificate, I	med as registered agent to accept service of proces am familiar with and accept the appointment as re	ss for the above stated corporation at the place designate egistered agent and agree to act in this capacity
	1/2,	11/15/2016
	Required Signature/Registered Agent	Date
l submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am gware that the false information submitted ony as provided for in s.817.155, F.S.
۸.	fo	11/15/2016

Mov. 16, 2016 2:46PM

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