

P17000028459

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000086634 3)))



H170000866343ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
HARVEST BLUE CORP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

17 MAR 29 PM 3:56
BUREAU OF COMMERCIAL
INFORMATION SERVICES

17 MAR 29 AM 10:59

Electronic Filing Menu

Corporate Filing Menu

Help

M. MOON

MAR 29 2017

H17000086634

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Harvest Blue corp of Doc # P130000030074 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

Marta Fontela

H17000086634

H17000086634

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

Add Tax ID: 46-2597740

ARTICLE I NAME: The name of the corporation is:Harvest Blue Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

585 SE 9th AVE
Hialeah FL 33010**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Marta Fontela (P)
EMMANUEL CIAVERIA (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Marta Fontela
585 SE 9th AVE
Hialeah FL 33010**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Marta Fontela
585 SE 9th AVE
Hialeah FL 33010

H17000086634

03/29/2017 14:20

3052201440

LAZARUS

PAGE 04/04

H17000086634

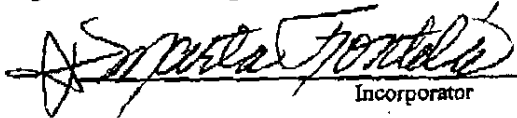
Required Signatures:

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


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.


Incorporator

Date

17 MAR 29 AM 10:59

H17000086634