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(R€	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to Filing Officer:		





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x 06/20/17

COVER LETTER

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

SUBJECT: 4	urivatee S	ari itulai	tenc.
	(PROPOSED CORPORT	(TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	i 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 CO	PY REQUIRED
FROM:	1 Freedo	e (Printed or typed) Address	
<u> </u>	Dallus Ga	30157 , State & Zip	
<u>lo</u>	78-365-742 Daytime	Telephone number	
, _	Shtayagn E-mail address: (to be use	nail. com ed 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)

ARTICLE I NAME The name of the corporatio	n shall be: Harrivato	y Solution	stlnc.
	PAL OFFICE incipal street address	Mailing address	ss. if different is:
4708 Rayr Orlando,	nac4)c H. 32839		
ARTICIFIII PURPOS		curity & Cor	Bulting
			77.4
			MAY 20 AM
ARTICLE IV SHARES The number of shares of sta			1.05 FE
ARTICLE V INITIAL	OFFICERS AND/OR DIRECTORS	USKume and Title:	
Name and Title \(\) Address	4708 Raymany Dr Lando, H. 328.	·Address:	
-	·		
Name and Title: Address		Address:	
Name and Title:			
		Address:	
_			

Name and Title:	Name and Title:	—
Address	Address:	
		—
• •		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept	stable) of the registered agent is:	
Name: Matthew Wa	ualski 🐷 _	
Address: 4708 Kayman	<u>O.</u>	
	839 39 30 30 30 30 30 30 30 30 30 30 30 30 30	
ARTICLE VII INCORPORATOR	WHILL HA	2
The <u>name and address</u> of the Incorporator is:		
Name: Matthew & Mc	<u>walski</u>	
Address: 4708 Rayman	<u>. YOr</u> .	
Orlando, 41.32	839	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and filing.)		
-	plicable statutory filing requirements, this date will not be listed ecords.	las
Having been named as registered agent to accept service of this ceftificate I am familiar with any accept the appointment		ed in
Required Signature/Registered Ag	yent UIOJI7	
I submit this document and affirm that the facts stated her document to the Department of State perstitutes a third degr	rein are true. I am aware that the false information submitted	in a
Matheway Joy Market Signar Wire/Incorporator	Le Ho Ha	
,,		