

P 17000063857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

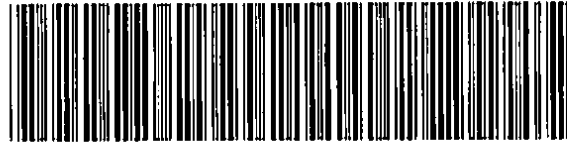
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUL 28 AM 9:44

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C Kinsey

COVER LETTER

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

SUBJECT: Harvey Enterprises, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Marilyn E. Harvey
Name (Printed or typed)

P.O. Box 20931
Address

Tallahassee, FL 32316
City, State & Zip

850 962-7893
Daytime Telephone number

geromaintenance11@earthlink.net
E-mail address: (to be used 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 corporation shall be: Harvey Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11 Ottercreek Rd
Sopchoppy, FL 32358

P.O. Box 20931
Tallahassee, FL 32316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Import/Export Sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marilyn Harvey, Pres. Name and Title: _____

Address 11 Ottercreek Rd Address: _____

Sopchoppy, FL 32358 _____

Name and Title: Jerry L. Harvey, VP Name and Title: _____

Address _____ Address: _____

P.O. Box 20931 _____

Tallahassee, FL 32316 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUL 28 AM 9 45

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: Marilyn E. Harvey

Address: 11 Star Creek Rd

Sepechoppy, FL 32358

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Terry L. Harvey

Address: P.O. Box 20931

Tallahassee, FL 32316

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 days prior or 90 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

Marilyn E. Harvey
Required Signature/Registered Agent

07-18-17
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.

Terry L. Harvey
Required Signature/Incorporator

07-19-17
Date