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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : TAX CARE CELEBRATION
Account Number : 120190000007
Phone : (786)845-8854
Fax Number : (321)473-3052

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

Email Address: gabriel@taxcareinc.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Harras Investments INC

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: HARRAS INVESTMENTS INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1400 NW 107TH AVE STE 2031400 NW 107TH AVE STE 203SWEETWATER FL 33172SWEETWATER FL 33172**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: INVESTMENTS AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GABRIEL HATEM, PRESIDENTName and Title: JESUS PORRAS, VICEPRESIDENTAddress: 400 ALTON RD UNIT 1207
MIAMI BEACH, FL 33139Address: 1400 NW 107TH AVE STE 203
SWEETWATER FL 33172

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TAX CARE DORAL
Address: 1400 NW 107TH AVE STE 430
SWEETWATER FL 33172

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: TAX CARE DORAL
Address: 1400 NW 107TH AVE STE 430
SWEETWATER, FL 33172

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/02/2020 (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

_____	03/02/2020
Required Signature/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.

_____	03/02/2020
Required Signature/Incorporator	Date