Division of Corporations Electronic Filing Cover Sheet

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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 HARMONY CARING SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

ARTIC	CLE II PRINCIPAL OFFICE:
1654	al street address and mailing address is:
Mia.	mi Lakes, FL 33016
RTICLE III SHARES:	The number of shares of stock is:/
ARTICLE IV I	NITIAL DIRECTORS AND/OR OFFICERS:
Laura	(rarcia (P)
	· ·
	,,
ARTICLE V INITIAL	REGISTERED AGENT AND STREET ADDRESS:
he name and Florida street	address (PO Box not acceptable) of the registered agent
Laura	Garcia
16540	DNW 84 AVE
	1.1.2 [1 72011
MIR	ms, Lakes, FZ. 330/6
MIF	m, Lakes, FZ. 330/4
	PORATOR: The name and address of the Incorporator
ARTICLEVI INCORI	

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

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

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