Division of Corporations Electronic Filing Cover Sheet

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To:			
	Division of Cor	porations	
	Fax Number	: (850)617-6381	
From:			
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number	: I2000000019	
	Phone	: (305)552-5973	
	Fax Number	: (305)675-5944	
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		s for this business entity to be used for future	1
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FLORIDA PROFIT/NON PROFIT CORPORATION: HARB PLUS CORP.

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J. FASON

FEB 18 2021

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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:

HARB PLUS CORP:

ARTICLE II PRINCIPAL OFFICE

Principal Street Address:

7960 SW 55TH AVE UNIT B

MIAMI, FL. 33143

Mailing Address If different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

ANINA GALLARDO HARB-PRESIDENT

Address:

7960 SW 55TH AVE UNIT B

MIAMI, FL. 33143

ARTICLE VI. REGISTERED AGENT

The name and Florida Street address (P.O. Box NOT acceptable of the registered agent is:

Name:

ANINA GALLARDO HARB

Address:

7960 SW 55TH AVE UNIT B

MIAMI, FL. 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

ANINA GALLARDO HARB

Address:

7960 SW 55TH AVE UNIT B

MIAMI, FL. 33143

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

× Lewit Hordo

Required Signature/Registered Agent

× 02/16/21

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

× 02/16/21

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