

P2400000 61927

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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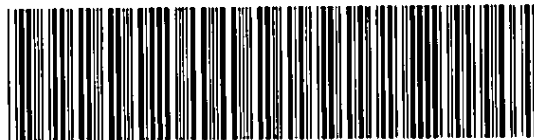
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SPECTOR
FALLS CHURCH

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/7/2024

NAME: HARRISON NEWCO, INC.

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

a Hodge

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COVER LETTER

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

SUBJECT: Harrison NewCo, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

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FROM: Joe Keavy, Attorney

Name (Printed or typed)

1755 S. Naperville Rd., STE 200

Address

Wheaton, IL 60189

City, State & Zip

630.344.1224

Daytime Telephone number

jkeavy@huckbouma.com; pangelos@huckbouma.com

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: Harrison NewCo, Inc.

ARTICLE II PRINCIPAL OFFICE

9453 Carmini Court Principal street address

Naples, Florida 34114

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The transaction of any or all lawful businesses for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Veronica N. Lewis, CEO

Address 9453 Carmini Ct.

Naples, FL 34114

Name and Title: Veronica N. Lewis, Secretary

Address: 9453 Carmini Ct.

Naples, FL 34114

Name and Title: Veronica N. Lewis, Treasurer

Address 9453 Carmini Ct.

Naples, FL 34114

Name and Title: Douglas E. Lewis, President

Address: 9453 Carmini Ct.

Naples, FL 34114

Name and Title: Veronica N. Lewis, Director

Address 9453 Carmini Ct.

Naples, FL 34114

Name and Title: Douglas E. Lewis, Director

Address: 9453 Carmini Ct.

Naples, FL 34114

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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: Florida Filing & Search Services, Inc.
Address: 155 Office Plaza Drive
Tallahassee, Florida 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph E. Keavy
Address: 1755 S. Naperville Rd.
Wheaton, IL 60189

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

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.

Required Signature/Incorporator

Date

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