

P95000022983

TRANSMITTAL LETTER

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

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 MAR 20 AM 10:00

SUBJECT: W.T.HARRISON CONSTRUCTION, INC.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM:

W.T.HARRISON
Name
2200 WINTER SPRINGS BLVD., SUITE 106
Address
P.O. BOX 201 OVIEDO, FLORIDA 32765
City, State, & Zip
(407) 866-1041
Telephone Number

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
MARCH 20, 1995

Note: Additional copy of articles is needed only when certified copy is requested.

KAN 3-22

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 AM 10:00

ARTICLES OF INCORPORATION

OF

W.T. HARRISON CONSTRUCTION, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

W.T.HARRISON CONSTRUCTION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2200 WINTER SPRINGS BLVD.
SUITE 106
P.O. BOX 201
OVIEDO, FL. 32765

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

WILLIAM HARRISON
2200 WINTER SPRINGS BLVD.
SUITE 106
P.O. BOX 201
OVIEDO, FL. 32765

William Harrison

ARTICLE V INCORPORATOR(S)

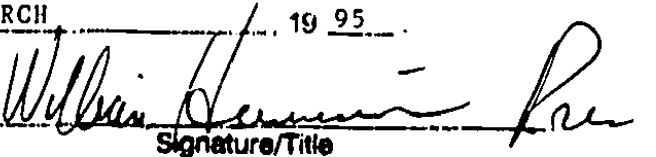
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

WILLIAM HARRISON PRESIDENT

2200 WINTER SPRINGS BLVD.
SUITE 106 - 201
OVIEDO, FLORIDA 32765

The undersigned has(have) executed these Articles of Incorporation this

17 day of MARCH, 19 95


Signature/Title

Signature/Title

Signature/Title

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: W.T. HARRISON Construction, Inc.

2. The name and address of the registered agent and office is:

William HARRISON
2200 WINTER ST PRINGS BLVD
Suite 106 - 201
(P.O. BOX NOT ACCEPTABLE)
MIAMI, FL 33135

(CITY/STATE/ZIP)

SIGNATURE

William Harrison
(corporate officer)

TITLE

Pres

DATE

3/17/95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

William Harrison

DATE

3/17/95

REGISTERED AGENT FILING FEE: \$35.00

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # **P95000022983**

1. Corporation Name

W.T. HARRISON CONSTRUCTION, INC.

Principal Place of Business

**2200 WINTER SPRINGS BLVD.
SUITE 108, BOX 201
OVIEDO FL 32765**

Mailing Address

**2200 WINTER SPRINGS BLVD.
SUITE 108, BOX 201
OVIEDO FL 32765**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2200 Winter Springs Blvd

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

2200 Winter Springs Blvd

Suite, Apt. #, etc.

City & State

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)

2. Name of Officers and/or Directors

Street Address of Each Officer and/or Director

3. (Do NOT Use Post Office Box Numbers)

4. City / State / Zip

P.

HARRISON, WILLIAM

2200 WINTER SPRINGS BLVD.

OVIEDO FL 32765

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******375.00 ****375.00**

8. Name and Address of Current Registered Agent

**HARRISON, WILLIAM
2200 WINTER SPRINGS BLVD.
SUITE 108, BOX 201
OVIEDO FL 32765**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2200 Winter Springs Blvd

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 507.0505, F.S.

Signature of Registered Agent

William Harrison

REGISTERED AGENT MUST SIGN

Date

11-1-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William Harrison

Date

11-1-96

Daytime Phone #

407366-8106

FILED

96 DEC 12 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1996

4. Data Incorporated or Qualified To Do Business in Florida

03/20/1995

5. FEI Number

593305317

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

CR25040 (7-96)