P9700000000005082

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 600002061876--9 -01/17/97--01057--017 ******78.75 ******78.75

SUBJECT:		THE STATE OF THE S				
(Proposed corporate name - must include suffix)						
				LORIDI		
				RIPA		
Enclosed is an origin	al and one (1) co	py of the articles o	of incorporation a	nd a check		
for :	 \$78.75	\$122.50	\$131.25			
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate			
		Additional Cop				
				1		
FROM: JAMES ELLIOTT Name (printed or typed)						
	40 ALK	FAYA WOODS	BLVD.			
		Address				
		, FL 32765	<u> </u>			
	C	ity, State & Zip				
		59-3001				
	Daytim	o Telephone number				

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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:

HARVEST GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

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

49 ALAFAYA WOODS BLVD. SUITE 243 OVIEDO, FL 32765



ARTICLE III SHARES

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

1,0000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

James Elliott 49 Alafaya Woods Blvd. Suite 243 Oviedo, Fl 32765

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

James Elliott 49 Alafaya Woods Blvd., Suite 243, Oviedo, FL 32765

The unde	rsigned i	ncorporator(s) has(have) executed these Articles of Incorporation this
14	day of _	January , 1997 .
(An addit	ional arti	cle must be added if an effective date is requested.)
		Signature Signature
		Signature
		Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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 corp	oration is: HARVEST GRO	OUP, INC.	
2. The name and addre	ss of the registered agent and offic	ce is:	
_	JAMES ELLIC (NAME)	OTT SEE	1
_	49 Alafay Woods Blvd., (P.O. Box or Mail Drop Box NO	OT ACCEPTABLE)	FILE
	Oviedo, FL (CITY/STATE/ZIP		D 型 2 th

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) 1- 14-97
(DATE)