

P98000103346

TRANSMITTAL LETTER

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

000002693870-4  
-11/23/98-01097-010

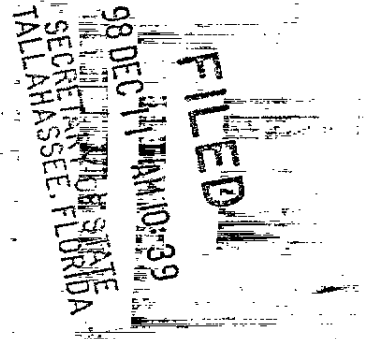
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: H. B. FLORIDA, 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 \$ 70.00.

FROM:

J. HARVEY HALL  
Name  
18395 GULF BLVD #202  
Address  
INDIAN SHORES, FL 33785  
City, State, & Zip  
(727) 595-8009  
Telephone Number



~~11-23-98~~

Dmb  
11-25-98

~~2544~~

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



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

November 25, 1998

**J. HARVEY HALL**  
18395 GULF BLVD #202  
INDIAN SHORES, FL 33785

**SUBJECT: H.B. FLORIDA, INC.**  
Ref. Number: W98000026591

We have received your document for H.B. FLORIDA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

**Doris McDuffie**  
Corporate Specialist Supervisor

Letter Number: 598A00056496

**ARTICLES OF INCORPORATION**

**OF**  
*HARBEA, INC.*

**FILED**

98 DEC 11 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

*HARBEA, INC.*

**ARTICLE II PRINCIPAL OFFICE**

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

*18395 GULF BLVD #202  
INDIAN SHORES, FL 33785*

**ARTICLE III CAPITAL STOCK**

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

*ONE THOUSAND (1,000)*

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

*William B. SHAW, JR  
18395 GULF BLVD #202  
INDIAN SHORES, FL 33785*

ARTICLE V INCORPORATOR(S)

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

J. HARVEY HALL  
18395 GULF BLVD # 202  
INDIAN SHORES, FL 33785

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

18<sup>TH</sup> day of NOVEMBER, 19 98

J. Harvey Hall Sr.  
Signature/Title

Vice-President  
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.

*HARBEA, INC.*

1. The name of the corporation is: \_\_\_\_\_

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

*William B Shaw, Jr*  
\_\_\_\_\_  
(NAME)

*18395 GULF BLVD #202*  
\_\_\_\_\_  
(P.O. BOX NOT ACCEPTABLE)

*INDIAN SHORES FL 33785*  
\_\_\_\_\_  
(CITY/STATE/ZIP)

SIGNATURE \_\_\_\_\_

*(Corporate officer)*

TITLE \_\_\_\_\_

*Vice-President*

DATE \_\_\_\_\_

*11/18/98*

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 \_\_\_\_\_

*W B Shaw Jr*

DATE \_\_\_\_\_

*11/18/98*

98 DEC 11 AM 10:39  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA