

TRANSMITTAL LETTER

P99000011453

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

SUBJECT:

HARUCO Enterprises, Inc.

(Proposed corporate name - must include suffix)

300002764973--7  
-02/04/99--01064--022  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM:

Al Clark

Name (Printed or typed)

Box 623

Address

Tallahassee FL 32302

City, State & Zip

850 274 6161

Daytime Telephone number

mail out

RECEIVED  
99 FEB 14 PM 1:42  
99 FEB -14 AM 8:34  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

T. SMITH FEB 05 1000

ARTICLES OF INCORPORATION

OF

HARVCO ENTERPRISES, INC.

99 FEB -4 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

ARTICLE I -- NAME

The name of the corporation shall be:

HARVCO ENTERPRISES, INC.

ARTICLE II -- REGISTERED AND PRINCIPAL OFFICES

The street address of the initial registered office of the corporation is:

117 South Gadsden Street, Suite 201  
Tallahassee, FL 32301

and the name of the initial registered agent at that address is Alfred W. Clark.

The principal place of business of this corporation shall be:

5250 17th Street, Suite 101  
Sarasota, FL 34235

ARTICLE III -- NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE IV -- CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 Shares

\$1.00 par value

ARTICLE V -- TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI -- DIRECTORS

The initial Board of Directors shall consist of two members:

DeWayne K. Harvey  
5250 17th Street, Suite 101  
Sarasota, FL 34235

Connie Bend  
5250 17th Street, Suite 101  
Sarasota, FL 34235

ARTICLE VII -- INCORPORATOR(S)

The name and street address of the incorporator to these articles of incorporation is:

Alfred W. Clark  
117 South Gadsden Street, Suite 201  
Tallahassee, FL 32301

IN WITNESS WHEREOF, the undersigned incorporator(s) has executed these articles of incorporation this 4th day of February, 1999.

Signature of Incorporator:

  
ALFRED W. CLARK

STATE OF FLORIDA

COUNTY OF LEON

On this 4th day of February, 1999, before me personally appeared Alfred W. Clark, personally known to me to be the person whose name is subscribed to the instrument within, and acknowledged that he executed the instrument for the purpose contained in the instrument.

In witness whereof, I sign here and set my official seal.

  
Notary Public

My Commission Expires:

\_\_\_\_\_



Ceda L. Rudd  
MY COMMISSION # CC512653 EXPIRES  
January 14, 2000  
BONDED THRU TROY FAIR INSURANCE, INC.

**CERTIFICATE DESIGNATING**  
**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:

HARVCO ENTERPRISES, INC.

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

Alfred W. Clark  
117 South Gadsden Street, Suite 201  
Tallahassee, Florida 32301

**ACCEPTANCE**

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: \_\_\_\_\_

DATE: \_\_\_\_\_

2/4/99

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 FEB -4 AM 8:34

FILED