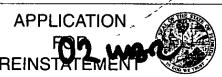
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P99000025222 **DOCUMENT #** 

1. Corporation Name

PATSY HARRIS SALES, INC.

Principal Place of Business

Mailing Address

1250 DELBAY LAKES DRIVE DELBAY BEACH FL 33444

1250-DELRAY LAKES-DRIVE

DÉLRAY-BEACH FL 38474



02 NOV -7 PH 1:23

TALLAHASSEE, FLORIDA



					-	-		-	
If above a	ddresses are incorrect in any way, line throug	th incorrect inform	nation and enter	correction below.					
2. New Principal Office Address, If Applicable 2. 10. COKPOKALE BLVD. NW Suite, Apt. #, etc.  3. New Mailing Office Address, If Applicable Port Box 285 Suite, Apt. #, etc.					Date Incorporated or Qualified     To Do Business in Florida     03/15/1999				
SUITE 317 SUITE APIL #, SUITE APIL #,					5. FEI Number			Applied For	
City & State	) (	City & State	<del></del>	13	1	65-0925015	<u> </u>	Not Applicable	
		Zip 38826	Countr	4040C	6. CERTIFICATE	OF STATUS DESIRED		ional Fee required ificate of Status	
7. Names a	and Street Addresses of Each Officer and/or I	Director (Florida	nonprofit corpora		ast 3 directors)				
Title(s)	Name of Officers		Street Address of Each Officer and/or Director			City / State / Zip			
D	HARRIS, PATSY	<del></del>	1250 DELRAY LAKES DRIVE			DELRAY BEACH FL 33444			
				NO. 0					
	,	<b>300008868503</b> 11/07/P201056007 **150.0				I <u>. QQ</u>			
			All Mas						
		_		1		_			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
114.0016				Name					
HARRIS, PATSY				Street Address (P.O. Box Number is Not Acceptable)					
1250 DELRAY LAKES DRIVE DELRAY BEACH FL 33444			L						
DELTAT BEAUTY PE 30444				Suite, Apt. #, Etc.					
				City			State Zip Co	de	
10. I, being	appointed the registered agent of the above r	named corporation	n, am familiar wi	h and accept the ob	oligations of Section	on 607.0505, F.S. or 617	7.0505, F.S.		
Signature of Registered Agent SIGNATURE REQUIRED  REGISTERED AGENT MUST SIGN  Date									
11. I certify t	that I am an officer or director or the receiver of statement application, the reason for dissolution	or trustee empow on has been elimi	ered to execute t	his application as prate name satisfies t	rovided for in cha the requirements	pter 607 or 617, F.S. I fu of section 607.0401 or 6	rther certify th	at when filing 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.

## To Whom it may Concern:

I PATSY HARRIS, have not necessary any prior packages on information on this gratter. Please newslate my exponsion. I Am including my check of 150.00

FE1. Number K 65-0925015

Prod. Patsy HARRIS SALES INC.