



**COVER LETTER**

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

SUBJECT: HOST FLORIDA, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: RICHARD MARONE  
Name (Printed or typed)

6191 ORANGE DRIVE SUITE 6159E  
Address

FORT LAUDERDALE, FLORIDA 33314  
City, State & Zip

954-675-6973  
Daytime Telephone number

RICK.MARONE@HOSTFLORIDA.NET  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: HOST FLORIDA, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6191 ORANGE DRIVE  
SUITE 6159E  
FORT LAUDERDALE, FL 33314

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TECHNOLOGY SALES & SERVICE

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

14 OCT 13 AM 7:18  
SECRETARY OF STATE  
FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RICHARD MALONE - PRESIDENT Name and Title: \_\_\_\_\_

Address 6191 ORANGE DRIVE Address: \_\_\_\_\_  
SUITE 6159E  
FORT LAUDERDALE, FLORIDA  
33314

Name and Title: \_\_\_\_\_ VICE PRESIDENT Name and Title: \_\_\_\_\_

Address SAME AS ABOVE Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ TREASURER Name and Title: \_\_\_\_\_

Address SAME AS ABOVE Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RICHARD MALONE  
Address: 1011 SEABROOK AVE  
DAVIS, FL 33325

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RICHARD MALONE  
Address: 1011 SEABROOK AVE  
DAVIS, FL 33325

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]  
Required Signature/Registered Agent

9-28-2014  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]  
Required Signature/Incorporator

9-28-2014  
Date

14 OCT -3 AM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA