

HOME LIFE CORPORATION

TRANSMITTAL LETTER

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

P 0000000 4565

SUBJECT: HOME LIFE CORPORATION
(Proposed corporate name - must include suffix)

600003091746--6
-01/07/00--01066--017
*****78.75 *****78.75

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: Mr. JADOMANEE RAMPADARUTH
Name (Printed or typed)

292 South County Road Suite 109
Address

Palm Beach FL 33480
City, State & Zip

561 659 9054
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JAN -7 AM 9:09

FILED

A. CHESLER JAN 14 1999

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

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the corporation shall be:

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

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

The name and Florida street address of the initial registered agent are:

The name and address of the incorporator to these Articles of Incorporation are:

PALM BEACH, FLORIDA 33480

Date _____

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

Date _____

Amal Ramzadaruth