DOOGRASMITTALIJETER 4852

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

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SUBJECT:	Orlando Arca H (Proposed corpor	OMCS The area and a sufficient of the sufficient	īx)	
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for:	
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM	: Michael Par Name (Pr	trick Clen	nents	
5731 Arnold 210+OFF Drive				
	Orlando, Flor	rida 32821 State & Zip	TALLY STORY	
	1-1-7-465-05	\ 2 1		

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

Daytime Telephone number



ARTICLES OF INCORPORATION

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

ARTICLE I MAME	ARTICL	EI	NAME
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The name of the corporation shall be:

Orlando Area Homes Inc.

ARTICLE II PRINCIPAL OFFICE

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

5731 Arnold 2lotoff Drive Orlando, Fl 32821

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael Patrick Clements 5731 Arnold Slotoff Drive Orlando, Florida 32821

ARTICLE V INCORPORATOR

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

Michael Patrick Clements 5731 Arnold 21stoff Drive Orlando, Fl 32821

Muchay Patrick Clements
Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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

Saf Patrick Limins
Signature Registered Agent

Date