# P00000044557

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LAZARUS CORPORATE FILING SERVICE, INC.	
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MIAMI, FLORIDA (305)552-5973 (City, State; Zip) (Phone #)	-05/01/0001072014 *****78.75 *****78.75
LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUM	MBER(S) (if known):
1. A HOME IMPROVEMENT	
1. (Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)    Walk in   Pick up time   Description     Mail out   Will wait   Photocopy	(Document #)  Certified Copy  Certificate of Status 1716  Certificate Of Status 1716
Profit  NonProfit  Limited Liability  Domestication  Amendment  Resignation  Change of Re  Dissolution/M	OMENTS  SECRE JARY UF STATE  Of R.A., Officer/Director  egistered Agent  Vithdrawal
Other Merger	
OTHER FILNGS  Annual Report  Fictitious Name  REGISTRA QUALIFICA Foreign	ATION
Name Reservation Limited Parti	ont
Trademark	T BROWN MAY - 3 2000

Examiner's Initials



### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 1, 2000

**LAZARUS** 

MIAMI, FL

SUBJECT: A HOME IMPROVEMENT CORP.

Ref. Number: W00000011369

We have received your document for A HOME IMPROVEMENT CORP.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

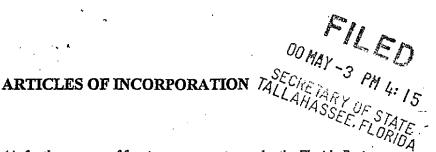
Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

OO MAY -3 AM IO: 39
DEPARTMENT OF STATE
NATION OF CORPORATIONS
TALLAHASSEF

Letter Number: 300A00024007



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

### ARTICLE I NAME

The name of the corporation shall be:

I. D. House Inprovement Coop.

### ARTICLE II PRINCIPAL OFFICE

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

911 West 50 Place; \_ Grafech - FL 33010.

### ARTICLE III SHARES

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

ONE HUNDRED SHARES (100) WITH FIVE DOLLARS (\$5.00) VALUE PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Inan Stigz

911 W 50 AL Lialeah - FL 33012

### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

·		
·		
The undersigned has(have) exec	cuted these Articles of Incorporation this	
day of	Cefril 300.	
	× One Dub - /nec sent. Signature/Title	
	Signature/Title	·
	Signature/Title	

911 W 50 PC Hialass FC 33012.

# CERTIFICATE OF DESIGNATION 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: T. N. Louis Technologies of
1. The name of the corporation is: I. D. Soule Leipnoverient
Confo.
2. The name and address of the registered asset and affect to the second and address to the second address to the second and address to the second address to the second and address to the second address to the second and address to the second and address to the second address to the second and address to the second address to the second and address to the second address to th
2. The name and address of the registered agent and office is:
Ingu Viaz
(NAME)
911 W 50 //
(P.O. BOX NOT ACCEPTABLE)
Strallents - FL 33012 - Por
(CITY/STATE/ZIP)
SIGNATURE × ()
(corporate officer)
TITLE MEST Such
The state of the s
DATE -/26/20
THAT WAS COME TO THE TAX THE T
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

REGISTERED AGENT FILING FEE: \$35.00

PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-

TIONS OF MY POSITION AS REGISTERED AGENT.