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TRANSMITTAL LETTER

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

000003379090--8  
-08/31/00--01091--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: HOMESoft, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: ROBERT K. MILES  
Name (Printed or typed)  
3536 UNIVERSITY BLVD. N., SUITE 172  
Address  
JACKSONVILLE, FL 32277  
City, State & Zip  
904- 996-7220  
Daytime Telephone number

FILED  
00 AUG 31 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

gk 9/5

**ARTICLES OF INCORPORATION**

**of**

**Homesoft, Inc.**

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

**ARTICLE I.**

**The name of the corporation shall be:**

**Homesoft, Inc.**

**ARTICLE II.**

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

**3536 University Blvd. North,  
Suite 172  
Jacksonville, FL 32277**

**ARTICLE III.**

**The purpose for which the corporation is organized is:**

**Any lawful business, including wholesale or retail sales or services.**

**ARTICLE IV.**

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

**1000**

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**00 AUG 31 PM 1:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

ARTICLE V.

The names and street addresses are:

Robert K. Miles, President/Secretary  
3536 University Blvd. North, Suite 172  
Jacksonville, FL 32277

ARTICLE VI.

The name and address of the registered agent is:

Robert K. Miles  
3536 University Blvd. North, Suite 172  
Jacksonville, FL 32277

ARTICLE VII.

The name and address of the incorporator are:

Robert K. Miles  
3536 University Blvd. North, Suite 172  
Jacksonville, FL 32277

  
\_\_\_\_\_  
Signature/Incorporator

8/29/00  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature /Registered Agent

8/29/00  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA