PARAMONTO 888

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 HOMEMAX/GULFCOAST, INC. SUBJECT: (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 \$78.75 **578.75** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Clark Associates
Name (Printed or typed) P 0 Box 341 Address Sicklerville, NJ 08081 City, State & Zip 1-856-629-2000 Daytime Telephone number CORRECT

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

DATE

BOC. EXAM

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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:

HOMEMAX/GULFCOAST, _INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7192 North Serenoa Dr. Sarasota, Fl 34241

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate/ Sales

ARTICLE IV SHARES

The number of shares of stock is:

100 - No Par

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

James Clarke 7192 Serenoa Dr. Sarasota, Fl 34241

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James Clarke 7192 North Serenoa Dr. Sarasota, Fl 34241

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

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Signature/Registered Agent	Date
Mah Mille	
Signature/Incorporator	Date

SECRETARY OF STATES