

TRANSMITTAL LETTER

PO00000108964

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

000003464910--3  
-11/15/00--01102--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: HOME IMPROVEMENT SERVICES, 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: APOLONIA ORTIZ  
Name (Printed or typed)

P. O. BOX 226591  
Address

MIAMI, FLA. 33122  
City, State & Zip

(305) 724-7914  
Daytime Telephone number

FILED  
00 NOV 22 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*  
11/1/02

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

W-27316



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

November 16, 2000

APOLONIA ORTIZ  
PO BOX 226591  
MIAMI, FL 33122

SUBJECT: HOME IMPROVEMENT SERVICES, INC.  
Ref. Number: W00000027316

We have received your document for HOME IMPROVEMENT SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 487-6926.

Gina Bullock  
Document Specialist

Letter Number: 700A00059086

# 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:

ONLY HOME IMPROVEMENT SERVICES, INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

10841 N.W. 48th. Ln.  
MIAMI, FLA. 33178

MAILING ADDRESS: P. O. BOX 226591  
MIAMI, FLA. 33122

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE PURPOSE OF THIS CORPORATION IS TO ENGAGE IN ANY ACTIVITY OF BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA AND OF THE UNITED STATES.

## **ARTICLE IV SHARES**

The number of shares of stock is:

THE MAXIMUM NUMBER OF SHARES OF COMMON STOCK THAT THIS CORPORATION MAY ISSUE IS 200 SHARES.

## **ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

APOLONIA ORTIZ (President)  
10841 N.W. 48th. Lane  
MIAMI, FLA. 33178

HENRY R. RAMIREZ (Secretary)  
10841 N.W. 48th. Lane  
MIAMI, FLA. 33178

## **ARTICLE VI REGISTERED AGENT**

The name and Florida street address registered agent is:

APOLONIA ORTIZ  
10841 N.W. 48th., Lane  
Miami, Fla. 33178

MAILING ADDRESS: P. O. BOX 226591  
MIAMI, FLA. 33122

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TALLAHASSEE, FLORIDA

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

APOLONIA ORTIZ  
10841 N.W. 48th. Lane  
MIAMI, FLA. 33178

MAILING ADDRESS:

P. O. BOX 226591  
MIAMI, FLA. 33122

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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

Signature/Registered Agent

Date

Signature/Incorporator

Date