## TRANSMITTAL LETTER



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

M. Home 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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Ted L. Suratt III.
Name (Printed or typed)

49/1 N. Habana AVE
Address

Tampa, FL. 33614 City, State & Zip

(8/3) 857-78/8 or (8/3) 928-8345 Daytime Telephone number

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

ARTICLE I NAME The name of the corporation shall be: A.L. M. Home Se	crvices INC.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  49// N. Habana AVE.  Tampa, FL.  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
To do minor home perepairs.  ARTICLE IV SHARES  The number of shares of stock is:  100	· · · · · · · · · · · · · · · · ·
ARTICLE V INITIAL OFFICERS DIRECTORS (option) The name(s) and address(es): Ted L. Swatt II P/5/T 4911 N. Habana AVE. Tampa, FL. 33614	O1 JAN 16 PM SECRETARY OF STALLAHASSEE, FLO
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  Antonio L. Machado  4911 N. Habana AVE.  Tampa, FL. 33614	1 2: 13
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Ted L. Swratt II  4911 N. Habana AVE.  Tampa, FL.	
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and Signature/Registered Agent	stated corporation at the place designated in this
Teef 2. Auno # Signature/Incorporator	/- / 0- 0 / Date

**ARTICLES OF INCORPORATION** 

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)