TRANSMITTAL LETTER

## Per00024332

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

SUBJECT:	Homeowner A	ssist Irc. rename- <u>mustincli</u>	-03/05/01- *****87.5	
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM	Name (P		هست کی م	
	Green Cove	Springs, FL State & Zip	ŗr <u>⊆</u>	Ь Б 2 3

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

Daytime Telephone number



ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			ی,
ARTICLE I NAME The name of the corporation shall be: Homeowner Assist Inc.			·
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  PMB 137  1177 Pack Ove. Ste. 5 PMB 137  Orange Pack, FL 32073-4150  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  NA			
ARTICLE IV SHARES The number of shares of stock is: (one)		17. S	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):		1 NA -5 PN 2: SECRETARY OF STAT ALLANASSEE, FLORI	
NJA		NAR -5 PN 2: 10 CHETARI G. STATE LANASSEE, FLORIDA	Ü
ARTICLE VI REGISTERED AGENT			
The <u>name and Florida street address</u> of the registered agent is:			
Jennifer Sanders			
5631 Dianthus Street Green Cale Springs, FL 32043			
ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is:	•		
Jennifer Sanders,			
5631 Dianthus Street			
Green Case Springs, FL 32048			
**************************************			
certificate, I am familiar with and accept the appointment as registered agent and agree to a	ct in this cap	acity	
Jamiles Landows	2-2	10-8	
Signature/Registered Agent	Date	<u> </u>	
Jannifer Sanders	2-28	3-01	
Signature/Incorporator	Date		