

PO18000038874  
TRANSMITTAL LETTER

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

FILED  
01 APR 16 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

SUBJECT: New Homes Information Center, 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: Peter K. Goggin  
Name (Printed or typed)

11207 N. 56th St. #2  
Address

Temple Terrace, FL 33617  
City, State & Zip

813-245-5553  
Daytime Telephone number

200004012272--1  
-04/17/01--01027--008  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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

4-17-01  
WC

## 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: *New Homes Information Center, INC*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *11207 N. 56th Street #2  
Temple Terrace, FL 33617*

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Real Estate Brokerage*

### ARTICLE IV SHARES

*one (100) Hundred Shares*  
The number of shares of stock is:

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

The name(s) and address(es):

Pres. *Peter K. Goggin*  
V.P. *Victoria W. Goggin*  
Sec. *Peter K. Goggin*  
*17765 Oakbridge St.*  
*TAMPA, FL 33647*

### ARTICLE VI REGISTERED AGENT

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

*Peter K. Goggin*  
*17765 Oakbridge St.*  
*TAMPA, FL 33647*

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Peter K. Goggin*  
*17765 Oakbridge St.*  
*TAMPA, FL 33647*

\*\*\*\*\*  
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

*P. K. Goggin*  
\_\_\_\_\_  
Signature/Registered Agent

*4/12/01*  
\_\_\_\_\_  
Date

*P. K. Goggin*  
\_\_\_\_\_  
Signature/Incorporator

*4/12/01*  
\_\_\_\_\_  
Date

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