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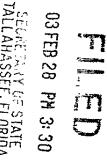
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Charles Instructions to Filling Officers
Special Instructions to Filing Officer:

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## **Carregal Accounting Service**

10809 N. 56<sup>th</sup> Street, Temple Terrace, Florida 336 (813)877-6371 FAX(813)354-2459 carregal@acm.c

26 February 2003

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND THE ARTICLES OF INCORPORATION FOR HOME AUTOMATION CONSULTANTS, INC. AS WELL AS A CHECK FOR 87.50 COVERING THE VARIOUS FEES.

PLEASE RETURN THE CERTIFIED COPY OF THE ARTICLES TO MY ATTENTION AT 10809 NORTH 56th STREET, TEMPLE TERRACE, FLORIDA 33617.

SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE FEEL FREE TO CALL (813)877-6371

THANK YOU,

ALAN CARREGAL

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## ARTICLES OF INCORPORATION

HOME AUTOMATION CONSULTANTS, INC.

corporation under the Florida General Corporation Act of Act adopt the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation shall be: HOME AUTOMATION CONSULTANTS,

The principal place of business of this corporation shall be 7006 DRURY STREET TAMPA, FL 33635.

The mailing address of this corporation shall be PO BOX 261465, TAMPA, FL 33685

#### ARTICLE II: TERM OF EXISTENCE

The duration of this corporation is perpetual.

#### ARTICLE III: NATURE OF BUSINESS

This corporation is organized for the purpose of operating a business, and transacting of any and all lawful business for which corporations may be incorporated under the laws of the United States, the State of Florida or any other state, country, territory or nation. \_\_

#### ARTICLE IV: CAPITAL STOCK

The corporation māy issue ONE HUNDRED (100) shares of voting common stocks of par value one dollar (\$1.00) each share with preemptive rights preserved.

#### ARTICLE V: ADDRESS & REGISTERED AGENT

The name and address of the initial registered agent and office of the corporation is: EUDALDO DE VALLE 7006 DRURY STREET TAMPA, FL 33635

### ARTICLE VI: DIRECTORS

The corporation shall have no directors.

#### ARTICLE VII: OFFICERS AND INCORPORATORS

The names and addresses of the officers and incorporators of this corporation are:

EUDALDO DE\_VALLE 7006 DRURY STREET TAMPA FL 33635-

DIANNE GONZALEZ 7006 DRURY STREET TAMPA FL 33635

There shall be one initial officer of the corporation. The number of the officers should be established by the bylaws and could be changed from time to time, but always should be at least one officer, the President.

The incorporators of this corporation are

EUDALDO DE VALLE
7006 DRURY STREET TAMPA FL 33635

DIANNE GONZALEZ
7006 DRURY STREET TAMPA FL 33635

State of Florida County of Hillsborough

BEFORE ME, a Notary Public duly authorized in the state of Florida and county of Hillsborough, personally appeared the above mentioned subscriber(s) to me known to be the person(s) described as the subscriber(s) in and who executed the foregoing Articles of Incorporation and acknowledged before me that they executed the same and subscribed to these Articles of Incorporation.

WITNESS MY HAND and official seal in the County and State named above this 17 February 2003

Notary Public, State of Fl at Large

My commission expires:

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statues, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

- 1. The name of the Corporation  $\equiv$  : HOME AUTOMATION CONSULTANTS, INC.
- 2. The name and address of the registered agent and office is:

EUDALDO DE VALLE 7006 DRURY STREET TAMPA, FL 33635

Signature: Oll Ol Vla Title: Date: 14/Feb/03

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature:

Date:

1016 De Vla 14/ Fd/03