

PO3000026715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

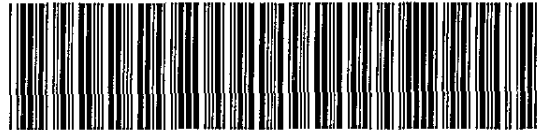
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: Investor Home Alliance of Central Florida Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Joe Blair  
Name (Printed or typed)

865 Gazelle Trail  
Address

Winter Springs, FL 32708  
City, State & Zip

(407) 699-6510  
Daytime Telephone number

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

Articles of Incorporation of  
Investor Home Alliance of Central Florida, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article 1.**

The name of the corporation is Investor Home Alliance of Central Florida, Inc.

**Article 2.**

The corporation is authorized to issue 100,000 shares.

**Article 3.**

The name of the registered agent and street address of the registered office is Joe Blair, 865 Gazelle Trail, Winter Springs, FL 32708.

**Article 4.**

The name and address of each incorporator is: Joe Blair, 865 Gazelle Trail, Winter Springs, FL 32708.

**Article 5.**

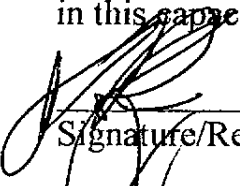
The principal mailing address of the corporation is 865 Gazelle Trail, Winter Springs, FL 32708.

**Article 6.**

The purpose for which the corporation is organized is any lawful purpose.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation.

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

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date