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Certified Copies	_ Certificates	of Status	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT:	HOUSE REPAIR (PROPOSED CORPORA	S, INC.		
•	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
■ \$70.00	Д \$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
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FROM:	Name	(Printed or typed)	_	
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1225 NEWPORT AVE				
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NOTE: Please provide the original and one copy of the articles.

FILED.

ARTICLES OF INCORPORATION 03 MAY -1 AM 10: 26 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE I NAME The name of the corporation shall be: HOUSE REPAIRS INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1225 NEWPORT AVE LAKELAND FL 33801 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO CONDUCT REPAIRS ON HOUSES ARTICLE IV SHARES The number of shares of stock is: 100 SHARKS AT 1.00 PAR ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): LOWELL M. HOUSE PRESIDENT MILORED L. HOUSE SECRETARY 1225 NEW PORT AVE LAKELAND FL. 3580 (REGISTERED AGENT The name and Florida street address of the registered agent is: LOWELL M. HOUSE 1225 NEW PORTAVE LAKELAND FL. 33801 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: LOWELL M. HOUSE 1225 NEWPORT AVE LAKELAND FL 33801 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/Incorporator