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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
WAII	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified CopiesCertificates of Status	
Special Instructions to Filing Officer:	7
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DATE

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2/20/04

Re:	_	Citrus	Home	Maintenance	,	-		Inc.
			(Nam	e of Corporation)		_	,	

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$ 78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

(Individual's Name) Paul E. Jensen

Citrus Home Maintenance, Inc.
(Name of Corporation)

MAILING ADDRESS OF CO	RPORATION -
P.O. Box 1869	
Inverness, FL.	34451
*:	
	•
PHONE -	
(352) <u>726-2206</u>	
Area Code Number	Ext.

ARTICLES OF INCORPORATION

of

Citrus Home Maintenance, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

	ARTICLE I - CORPORATE NAME	CIVISE TO
The name of the corporation is:	Citrus Home Maintenance, Inc.	表名 TE
	*	2
	ARTICLE II - DURATION	
This corporation shall exist perpet	tually unless dissolved according to Florida law.	18 085

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

SS			
3581 S. Apopka Ave	nue		
Inverness	FLORIDA	ZiP	34452
	3581 S. Apopka Ave	3581 S. Apopka Avenue	3581 S. Apopka Avenue

Mailing address, if different

STREET ADDRESS			
	P.O. Box 1869		1 <u>_1_</u>
CITY	Inverness	FLORIDA	ZIP 34451

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME .	Paul E. Jensen	,	
ADDRESS	3581 S. Apopka Avenue		
CITY '	Inverness	FLORIDA	ZIP 34452

	ARTICLE VII - IN	ITIAL BOARD OF DIRECTORS	
This corp	oration shall have one	() directors initially. The	e number of directors may be
	d or diminished from time to time by the le initial director(s) of the corporation are	By-Laws, but shall never be less than	one (1). The names and
duicses of in	te initial director(s) of the corporation are	as tollows.	
NAME	Paul E. Jensen		
ADDRESS	3581 S. Apopka Avenue		
CITY	Inverness	STATE Florida	ZIP 34452
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS	· · · - · ·		
CITY		STATE	ZIP
	ARTICLE V	/III - INCORPORATORS	
The names and	addresses of the incorporators signing the		ollows:
NAME	Paul E. Jensen		
ADDRESS	3581 S. Apopka Avenue		
CITY	Inverness	STATE Florida	ZIP 34452
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP
The undersign	ned incorporator(s) have executed thes	e Articles of Incorporation this	20th
day of		XX 2004.	
<u> </u>			
		I tail dens	(Signature)
			(Signature)
			701
			(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



	(name of corporation)
ı	·
Pursuant to Flo	rida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corp	poration, organized under the laws of the State of Florida with its registered o
as indicated in	the Articles of Incorporation
at	3581 S. Apopka Avenue
	Inverness, FL. 34452
has named	Paul E. Jensen
	foresaid address, as its registered agent to accept service of process within the
ocated at the a	COLESANU AUGIESS. AS IIS ICRISIERCU ARCHE IU ACCEDE SELVICE OF DICCESS WITHIN TH

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 statutes 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)