

PO4000057600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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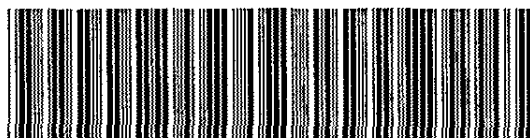
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
04 MAR 29 PM 12:42

7504/05/04

TRANSMITTAL LETTER

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

SUBJECT: Hometown Management Professionals, 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: Mr. Chuck Strobe
Name (Printed or typed)

5436 NW Moorhen Trail, Suite 105, Port St. Lucie, FL 34986
City, State & Zip

321-663-5202
Daytime Telephone number

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

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:

Hometown Management Professionals, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

5436 NW Moorhen Trail, Suite 105, Port St. Lucie, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All legal business a for profit corporation can conduct within the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/ DIRECTORS (optional)

The name(s) and address(es):

Mr. Chuck Strode/President and Director, 5436 NW Moorhen Trail, Suite 105, Port St. Lucie, FL 34986

ARTICLE VI REGISTERED AGENT

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

Mr. Chuck Strode/President and Director, 5436 NW Moorhen Trail, Suite 105, Port St. Lucie, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Emma Williams, 645 Tomlinson Terrace, Lake Mary, FL 32746

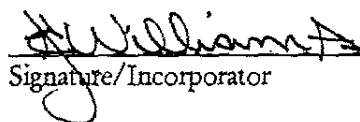
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3/19/04

Date



Signature/Incorporator

3/19/04

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 29 PM 12:42