

P04 000068769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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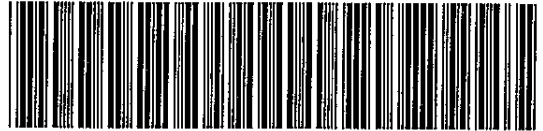
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04 APR 22 PM 4:44

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## TRANSMITTAL LETTER

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

SUBJECT: Home Team Framing, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Thaddeus J. Shorette  
Name (Printed or typed)

117 Weeping Willow Rd.  
Address

Winter Haven, Fla. 33880  
City, State & Zip

863-528-8371  
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:

Home Team Framing, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

117 Weeping Willow Rd.  
Winter Haven, Fla. 33880

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Thaddeus J. Shorette, President

William P. Frenette, Secretary

Alfonso Bustos, Jr., Treasurer

### ARTICLE VI REGISTERED AGENT

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

Thaddeus J. Shorette

117 Weeping Willow Rd.

Winter Haven, Fla. 33880

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thaddeus J. Shorette

117 Weeping Willow Rd..


Winter Haven, Fla. 33880

\*\*\*\*\*

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

4-21-04  
\_\_\_\_\_  
Date

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

4-21-04  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA