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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>





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TRANSMITTAL LETTER

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

Enclosed are an orig	ginal and one (1) copy of the artic	cles 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 CO	PY REQUIRED
FROM:	Jared N. Robe	(Printed or typed)	
	13901 Village L	ake Pl.	
	Tampa, PC.	33624 State & Zip	
	(813)601-	7363	

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

Daytime Telephone number

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 Remedy Specialists, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
13901 Village Late Pl. Tampa, Fl. 336a4 ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Profit - Any lawful business purpose authorized within the state.
ARTICLE IV SHARES The number of shares of stock is:
1,000
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
Jared N. Reber (President + GEO)
13901 Village Cake fl.
Jared N. Rebert (President & GEO) 13901 Village Cake F1. Tampa, Ft. 33624
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
Jaich N. Rebok
13901 Village Cake Pl. Tampa, Fe. 33624
Tampa, FL. 33624 ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Jared N. Rebek
13901 Village Cake Pl. Tarypa, FC. 33624
<i>**</i>
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
W/W/
Signature/Registered Agent Date
MW 615104
Signature/Incorporator Date