

704000120884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

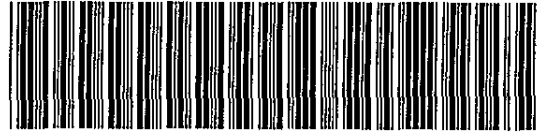
(Business Entity Name)

(Document Number)

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

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## TRANSMITTAL LETTER

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

SUBJECT: Home Review Insurance, 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  
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: Olga Limonte

Name (Printed or typed)

6720 SW 48th Terrace

Address

Miami, FL 33155

City, State & Zip

305-667-6500

Daytime Telephone number

04 AUG 20 AM 11:57

FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**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 Review Insurance, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal Place of Business:  
6840 SW 40 Street  
Miami, FL 33155

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Agency

### 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):

Olga Limonte - President and Secretary

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Olga Limonte  
6720 SW 48th Terrace  
Miami, FL 33155


### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Olga Limonte  
6720 SW 48th Terrace  
Miami, FL 33155


\*\*\*\*\*

*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

7/28/04

\_\_\_\_\_  
Date

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

7/28/04

\_\_\_\_\_  
Date

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SECRET  
DIVISION OF REVENUE  
FLORIDA DEPARTMENT OF REVENUE