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## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 NOEPENDENT AT HOME, NC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 \$87.50 \$70.00 **公 \$78.75** Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED DAUID LOPEZ

Name (Printed or typed) 1013 CAPRI STEET

Address

CORAL GABLES FL. 33134

City, State & Zip

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

(305) 44-7-0245

Daytime Telephone number

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S.(Profit)

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# ARTICLE I NAME:

The name of the corporation shall be: INDEPENDENT AT HOME, INC.

TALLAHASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1013 Capri Street, CORAL GABLES FL 33134

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OF BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA

# ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED (100) SHARES OF COMMON STOCK EACH SHARE HAVING A PAR VALUE OF ONE DOLLAR (\$1.00)

#### ARTICLE V INITIAL OFFICERS/DIRECTORS (OPTIONAL)

The name(s) and address(es): The officers of the Corporation shall be:

President: DAVID LOPEZ

1013 CAPRI STREET, CORAL GABLES, FL

33134

Vice Presid BETTY HIJAZI

1013 CAPRI STREET, CORAL GABLES, FL

33014

Whose address shall be: 1013 Capri Street, Coral Gables, Fl 33134

## ARTICLE VI REGISTERED AGENT

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

# **DAVID LOPEZ**

Whose address shall be: 1013 Capri Street, Coral Gables, FI 33134

# ARTICLE VII INCORPORATOR:

The name and address of the Incorporator is:

SALVADOR CHABO (CHABO ACCOUNTING SERVICES) 442 WEST 70 STREET HIALEAH, FLORIDA 33014

Having been named as registered agent to accept service of proc designated in this certificate, I am familiar with and accept the this capacity.	
Signature/Registered Agent	08/05/09/ Date
Signature/Incorporator	