P0500028928

		
(Requestor's Name)		
(Add	dress)	
	uress)	
(Address)		
(City	//State/Zip/Phone	e #)
PICK-UP		
(Business Entity Name)		
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
	Office Use Only	
	Office Use Only	4



FILED 5.7

C.J. 2-25

.TRANSMITTAL LETTER

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

١

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

□ \$70.00 Filing Fee \$78.75Filing Fee& Certificate of Status

□ \$78.75 Filing Fee & Certified Copy

Status

ADDITIONAL COPY REQUIRED

FROM: JUSAF MEHONVIC

Name (Printed or typed)

3760 UNIVERSITY BLVD. S. #1076

Address

JACKSONVILLE, FL. 32216

City, State & Zip

904-384-3666

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:

HOUSEMASTERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3760 UNIVERSITY BLVD. S. 1076, Jacksonville, FL. 32216

ARTICLE III ___ PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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): JUSNF MEHANOVIC - 3760 UNIVERSITY BLVD. S/ #1076 - PRESIDENT FILIP NIKOLIC - 3760 UNIVERSITY BLVD. S. #1076 - VICE PRESIDENT Jacksonville, FL. 32214

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: JUSRF MEHANOVIC - 3760 UNIVERSITY BLVD. S #1076, JACKSONVILLE, FL. 32216

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: JUS**M**F MEHANOVIC - 3760 UNIVERSITY BLVD. S #1076, JACKSONVILLE, FL. 32216

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

Registere ionature Signature/Incorporator

Jusaf Mehana

Date

