

POS000145171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

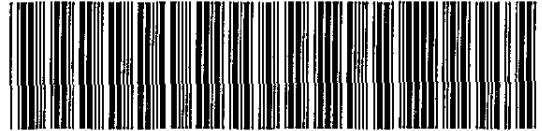
(Business Entity Name)

(Document Number)

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

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10/27/05--01015--019 \*\*87.50

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05 OCT 27 PM 1:23

**COVER LETTER**

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

SUBJECT: Hometown Hospitality Framing + More, 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: Michelle Salter  
Name (Printed or typed)

248 SW Range Ave  
Address

Madison FL 32340  
City, State & Zip

850-559-2963  
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:  
HOMETOWN HOSPITALITY FRAMING & MORE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:  
248 SW Range Avenue  
Madison, Florida 32340

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Retail Business - picture framing, gifts and coffee shop

**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):  
MICHELLE SALTER - PRESIDENT  
DONNY SALTER - VICE PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

MICHELLE SALTER  
4569 NE STATE ROAD 6  
LEE, FLORIDA 32059

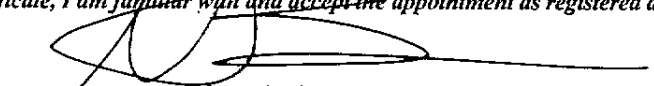
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

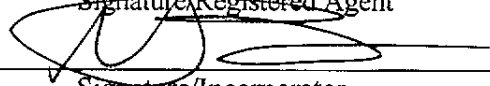
MICHELLE SALTER  
248 SW Range Avenue  
Madison, Florida 32340

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*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

10-15-05  
Date

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

10-15-05  
Date

05 OCT 27 PM 1:24  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS